REF! ESI

CAG

ESI

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name Mrs.SURYAKUMARI S (ESI)
44/Female/MHI202485596
03/09/2024/IPII2024002040
Dr.K.JAISHANKAR

D.O.A 03/09/24 Time 10:41 AM

IP No. _____

Room No. __

TRANSFER DETAILS

Rent Per Day RL

Date		n	To	Nurse's Signature
3/9/24	10:45	Admission.	RL	
3/9/24.	11:50 -	RL	Cathlab.	
3/9/24	Pm	Cath Lab.	RL	

OPERATION THEATRE

Date	:	3/9/24	OT No.	:	Cath Lab.
Surgeon	:	Dr. JS	Start Time	:	12.15Pm
I Asst. Surgeon	:		End Time	:	12.20Pm
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:		Arthroscopy	:	
Name of Surgery	:		Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	2ml 10ml/inj. monphi:
			Others	:	

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6424 / 9eeeg 01:88 RETURNS CHECKED : 3/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reshma banu	0158. Sister In-charge

2782/KKN

(Form P 1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

UHID 6252 DR

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024044940	**Insurance No/Staff/ Pensioner Card**	: 5126266859
Name of the Patient	: Ms. Suryakumari S	**Age/Gender** : 44 Years /Female	**UHID** : HKKN.0000144499
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Unstable angina - I20.0 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 10-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation CAD Unstable Angina planned for Coronar

Reasons / Purpose for Referral Investigations/Rx/Procedure : LOF

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS **Department** Cardiology

Name and Designation of the Referring Doctor
Dr. Vijayaraghavan P. - Associate Professor

Date & Time of Referral : 31-Aug-2024 11:00:31 AM

Or, Agreeing to / contradicting the above, I voluntarily choose MEDWAY Hospital for treatment of self or for my ____ (relationship)

Date and Time 2/9/24

P. S. Suryakumari

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic Centre for _____ (Reason/purpose for referral).

ENTITLED FOR SST

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time: 2/9/24

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

Medical Superintendent
ESIC Model Clinic & Hospital
K.K. Nagar, Chennai-78

N.B.
The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be governed by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure / treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

31-08-2024

Printed By : pvijpvi

m 9677227660