Discharge on 4/9/24

ESI

MHI/DP/2022/104

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

Mrs.RAMANIKALA (ESI)
44/Female/MHI202485630
04/09/2024/IP112024002058
Dr.G. GNANAVELU

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops

Patient Name _____ D.O.A. 4/9/24 Time 10:47

IP No. _____

Room No. RL

TRANSFER DETAILS

Rent Per Day RL.

Date	Time	From	To	Nurse's Signature
4/9/24	11.45	ADMISSION	RL	
4/9/24	14.40	RL	Cath Lab	
4/9/24	16.10	Cath lab	RL	

OPERATION THEATRE

Date	: 4/9/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 15.30
I Asst. Surgeon	:	End Time	: 15.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Abinaya CAA	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
Dr. Ganeswari	4/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : 6767.00 ~~K~~ 0245	T-11903
RETURNS CHECKED : 04/09/24	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

2812
SMO

UTI ID 526194K

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024045416	**Insurance No/Staff/ Pensioner Card**	: 5130140405
Name of the Patient	: Ms. RAMANIKALA	**Age/Gender** : 44 Years /Female	**UHID** : HKKN.0000277301
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant mother		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 13-Sep-2024		

Dr. S. USHALAKSHMI, M.D., FIMSC.
Associate Professor
Department of Medicine

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

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

Date & Time of Referral : 03-Sep-2024 09:23:27 AM

Name and Designation of the Referring Doctor
Dr. Ms. USHALAKSHMI S - Associate Professor

Or,Agreeing to / contradicting the above, I voluntarily choose medway Hospital for treatment of self/dr
for my self (relationship).

Date and Time

Ramya Kala
Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reasons/purpose of referral).

VERIFIED / ENTITLED FOR SST
Consulting Members'
Signature & Name
1.
2. Dr. LOTHA
3. A. SIVAKUMAR

(VERIFIED/RECOMMENDED BY)
(Signature & Designation)
Date & Time:

5/9/24
(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

Medical Co... 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.

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