R/ CPT

DISCHARGED ON 8/9/24 CHENNAI PORT TRUST

CAG + PPI

Discharge on 7/9/24

MHI/DP/2022/104

BILLING CARD

SAFETY FIRST

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

Medway Heart Institute
Where heart beat never stops...

Mr.JAYASANKAR.G (CPT)
63/Male/MHI202485645
04/09/2024/IP1I2024002063
Dr.K.JAISHANKAR

h- 162
W-56.8

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 4/9/2024 Time 3.30 pm

Rent Per Day 204 / 6/w - 2

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
4/9/24	15.40	Admission	IInd floor (ward)	
5/9/24	8.30	IInd floor 204	Cath lab	
5/9/24	14.10	Cath lab	CCU	
6/9/24	13.10	CCU	DOH	

OPERATION THEATRE

Date	: 5/9/24	OT No.	: Cath. Lab II
Surgeon	: Dr. Jaishankar.	Start Time	: 10.15
I Asst. Surgeon	:	End Time	: 12.45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Pancheswarnam	Arthroscopy	:
Name of Surgery	: CAG + PPI	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
5/9/24	14:10	6/9/24	13:10

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

OPERATION THEATRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
6/9/24	CBC, RFT (11.35g)
7/9/24	CBC (14.15)

(2) (1)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
5/9/24	ECG (1342)		
6/9/24	ECG (11359)		
6/9/24	Chest XRay (1372)		
6/9/24	ECG (1372)		

(1A)

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
4/9/24	1+1 (1400)						
5/9/24	1+1 (1400)						
5/9/24	(2) (1342)						
6/9/24	1 (11359)						
7/9/24	1+1+1						
8/9/24	1+1 (1456)						
8/9/24	1+1 (1489)						
9/9/24	1+1+1 (1489)						

CM

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAISHANKAR.	4/9/24	5/9/24	6/9/24.	7/9/24	8/9/24	9/9/24	
Ms. Catherine (Dietitian)	4/9/24	5/9/24	6/9/24	9/9/24			

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	31172/—	561 – 38700 + [illegible]
BILL CLEARED :	~~27693~~ / 9669 0108	601 – 5951.
RETURNS CHECKED :	6/9/24.	[signature] 9/9/24

T – 1,49,998

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : 1 6/9/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : S. VIGNESH

[signature] Sister In-charge

சென்னை துறைமுகம்
PORT OF CHENNAI
पोर्ट आफ चेन्नै
ISO 9001:2015 & ISPS Compliant

CHENNAI PORT AUTHORITY

MEDICAL DEPARTMENT

CHIEF MEDICAL OFFICER'S OFFICE
03 SEP 2024
Reg.No.
Chennai Port Authority Hospital

Office of the Chief Medical Officer,
Chennai Port Authority Hospital,
Chennai - 600 001,
Reference Number:CREF100601

Telephone:2536 2201 Extn: 2276
Fax:2536 0448
PO Number: 4102012736
Reference Date/Time:03/09/2024 11:32

From

The CHEIF MEDICAL OFFICER,
Chennai Port Authority Hospital,
Chennai -- 600 001,

Special Instruction
Patient should utilize this refrence letter within 10 days from the date of issue

To
THE DIRECTOR,
Medway Heart Institute
, No.9,1st Main Road,Adjacent to SBI Bank,, 600024

CGHS

RETIRED

Sir,

Sub: MEDICAL AID - Referring for treatment / review - Reg

1.	Name Of The Patient	Mr JAYA SHANKAR G
2.	Age	65 Y
3.	Sex	Male
4.	Relationship	Self
5.	Designation	Signal Man
6.	Category	Class 4 Pensioner
7.	Department	CHD.
8.	Diagnosis	Bradycardia, unspecified,CAD,POST CABG
9.	Procedure/Reason for Referral	for CAG,PPI ↓ Admission
10.	Retired Employee PPO No.., Challan No.., Date & Amount (for retired employees)	MR No. 50617-R Employee Code 70055618 PPO No 15276

He / She is referred to your hospital for further evaluation and management.
He / ~~She~~ may be permitted for treatment from the date of Admission(ie). 3.9.24.
He / ~~She~~ is again referred to you for review / Treatment. Admission.
He / She may be provided ~~Single~~/General room accommodation.

Chennai Port Authority will pay (charges) / CGHS charges for his / ~~her~~ treatment. Bills in duplicate may be sent to this office within ONE WEEK of discharge of the patient for arranging payment. **In case of prolonged treatment , interim bill along with the progress of the patient should be sent fortnightly.**
This patient may be discharged and transferred to this hospital for further management as soon as his / her condition is stable.
THIS REFERRAL LETTER IS VALID FOR ONE TIME ONLY.

Yours faithfully
Dr. Cardiology
Medical Officer

for **CHIEF MEDICAL OFFICER**

*Note:This is a computer-generated document. No signature is required

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM, KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
06/09/2024	AUC/WS573 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	PACEMAKER ENDURITY IMRI	1	90211000	5780594	10/25	1	0	5 %	3593.10	71862.00	75455.10	71862.00
2	.	LEAD TENDRIL	1	90189099	EEL178615	03/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
3	1 NA	LEAD TENDRIL 58	1	30049011	EEM144718	05/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
4	.	SHEATH 6F REF 405104	1	90183990	10085163	10/26	1	0	12 %	184.08	1534.00	1718.08	1534.00
5	.	SHEATH 6F REF 405104	1	90183990	10079414	10/26	1	0	12 %	184.08	1534.00	1718.08	1534.00

ITEMS : 5 QTY : 5 BASE : 97350.00 SGST : 3998.43 CGST : 3998.43 GST : 7996.86 Goods Value: 97350.00

Category	Gross	CGST	SGST	Amount
5 %	71862.00	1796.55	1796.55	75455.10
12 %	3068.00	184.08	184.08	3436.16
18 %	22420.00	2017.80	2017.80	26455.60

P(Disc)	DB	
	CR	
	CD	0.00
Rounded Net Amount		105347.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : One Lakhs Five Thousand Three Hundred Forty Seven Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-JAYASANKAR-IP-2024002063-DR.JAISHANKAR

Customer Outstanding: **120842877.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY