ESI

CAG

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better
(A Unit of United Alliance Health)

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.AMOSS DHANASINGH (ESI)
56/Male/MHI202485665
06/09/2024/IP112024002086
Dr.G. GNANAVEL.U

Patient Name

IP No. _____

Room No. __

D.O.A. 6/9/24 Time 11.10 AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
6/9/24	11:15	FO	RL	
6/9/24	12.55	RL	Ward	
6/9/24		Cath Lab.	RL	

OPERATION THEATRE

Date	: 6/9/24	OT No.	: Cath Lab
Surgeon	: Dr. CBR	Start Time	: 1.50 pm
I Asst. Surgeon	:	End Time	: 2.10 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Priya RN	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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6154 / [signature] 01:28 RETURNS CHECKED : 6/9/24	T-11,903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	[signature] Sister In-charge

UTI ID....62-66408

(Form P-1)

Employees State Insurance Corporation

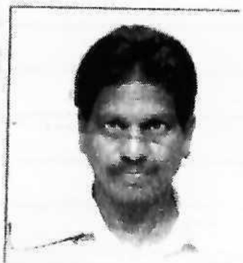
KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

KKN 2848

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024045706	**Insurance No/Staff/ Pensioner Card**	: 5128281474
Name of the Patient	: Mr. AMOSS DHANASINGH	**Age/Gender** : 56 Years /Male	**UHID** : HKKN 0000277521
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 - Ischaemic cardiomyopathy - I25.5 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 14-Sep-2024		



डॉ. एस. उषा लक्ष्मी
Dr. S. USHALAKSHMI, M.D. FMMC
सह - प्राध्यापक/Associate Professor
दवा विभाग/Department of Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C Medical College & Hospital

Remarks Additional Clinical Information/Procedure/Investigation

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

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

डॉ. एस. उषालक्ष्मी
Dr. S. USHALAKSHMI, M.D. FMM
सह - प्राध्यापक/Associate Profess
दवा विभाग/Department of Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital

Date & Time of Referral : 04-Sep-2024 10:50:18 AM

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

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

Signature/Thumb Impression of IP/Beneficiary/Staff

Date and Time:

VERIFIED / ENTITLED FOR SST
Committee Members'
Signature & Name

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

1.

VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

2.

3.

3/9/24

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

Medical Su...
E.S.I.C. Medical Co...
K.K. Nagar, C...

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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Mob: 9176286097