Rt ESI

PTCA

ESI

Discharge on 13/9/24

MHI/DP/2022/104

Medway Hospi
The way to better hea
(A Unit of United Alliance Healthcare Pv

Mr.AMOSS DHANASINGH (ESI)
56/Male/MHI202485665
12/09/2024/IPLI2024002137
Dr.G. GNANAVELU

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Patient Name _____

D.O.A. 12/9/24 Time 11:13

IP No. _____

Room No. CW-4

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
12/9/24	12.00	ADMISSION	CW-4	
12/9/24	13.30	CW-4	Cath Lab	
12/9/24	15.20	Cath lab	CCU	
13/9/24	10.30	CCU	CW-3	

OPERATION THEATRE

Date	: 12/9/24	OT No.	: Cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 13.35
I Asst. Surgeon	:	End Time	: 14.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: PDBA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
12/9/24	15.20	13/9/24	10.30

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
13/9/24	Urea, Creat. (11/63)

(9)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
12/9/24	ECG (11745)		
13/9/24	ECG (11763)		

(M)

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
12/9/24	1 (1793)						
12/9/24	1 (11745)						
13/9/24	1 (11763)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. C NARAVEL.	13/9/24	—			—		
Ms. Catherine (Dietitian)	12/9/24	13/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 16632/- Sl 724 RETURNS CHECKED : 13/9/24	545 - PICU no start 75353 13/9/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024046445	**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)*	: 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 19-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation

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

Dr. S. USHALAKSH. ... Associate ... Department of M. ...

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

Date & Time of Referral : 09-Sep-2024 10:11:07 AM

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

Dr. S. USHALAKSHMI, M.D., FMMC.
Associate Professor
Department of Medicine
E.S.I.C. Medical College & Hospital
K.K. Nagar, Chennai 600 078.

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

Date and Time 9/9

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ... Department of ... Hospital/Diagnostic

Centre for ... (Reason/purpose for referral)

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

9/9/24

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time: Medical Superintendent
ESIC Medical College & 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 per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the tract/agreement.

d By : ushas71

09-09-2024

ph- 9790431092