Ref :- ESI

ESI

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.SANKAR S
50/Male/MHI202485667
09/09/2024/IP1I2024002100
Dr.G. GNANAVEL.U

Patient Name _____ D.O.A. 9/9/24 Time 10:06 am

IP No. _____

Room No. __

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
9/9/2024	10:06	FRONT OFFICE	RL	
9/9/2024	11:22	RL	CATH LAB	
9/9/24	12:10 pm	CATH LAB	R	

OPERATION THEATRE

Date	: 9/9/24	OT No.	: Cath Lab
Surgeon	: Dr. GPS	Start Time	: 11.30 AM
I Asst. Surgeon	:	End Time	: 11.50 AM
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
9/9/2024	10:06.		

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 : 8427.00 09/09/24	T-11903
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	Sister In-charge

2853 1464

UTI ID 626.57

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024045619	Insurance No/Staff/ Pensioner Card	: 5132101291
Name of the Patient	: Mr. SANKAR S	Age/Gender : 50 Years /Male	UHID : TN01.0012891412
UAN of IP	:		
Address/Contact No	: N.I. Chennai Tamilnadu INDIA		
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 - Dilated cardiomyopathy - I42.0 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		

Remarks Additional Clinical Information/Procedure/Investigation

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

डॉ नलिनी कुमारवेलु, एम.डी.
Dr. Nalini Kumaravelu, M.D.
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य चिकित्सा / General Medicine
क.न.वी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College and Hospital
के.के. नगर, चेन्नई - 78 / K.K. Nagar, Chennai-78

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

4/9/24

Date & Time of Referral : 03-Sep-2024 05:23:57 PM

Name and Designation of the Referring Doctor
Dr. Nalini Kumara Velu, PROFESSOR

डॉ नलिनी कुमारवेलु, एम.डी.
Dr. Nalini Kumaravelu, M.D.
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य चिकित्सा / General Medicine
क.न.वी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College and Hospital
के.के. नगर, चेन्नई - 78 / K.K. Nagar, Chennai-78.

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

Date and Time 5/9/24

S SANKAR
Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ____ Department of ____ Hospital/Diagnostic

CGHS Rs ____ (Reason/purpose for referral).

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

5/9/24

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

THIS PAT... The M... SUPE... ESIC ...ital K.K. ...nai-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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03-09-2024