RL ESL

ESI

CAG

MHI/DP/2022/104

Medway Hosp
The way to better h
(A Unit of United Alliance Healthca

Mr.ISAIAH A (ESI)
54/Male/MHI202485671
20/09/2024/IP112024002217
Dr.G. GNANAVELU

ILLING CARD

Medway Heart Institute
Where heart beat never stops...

Patient Name _____

D.O.A. 20/9/24 Time 1.02PM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day RC

Date	Time	From	To	Nurse's Signature
20/9/24	1.02 pm	Admission	RL	
20/9/24	13.38	RL	Cath Lab	
20/9/24	14.35	Cath Lab	RL	

OPERATION THEATRE

Date	: 20/9/24	OT No.	: Cath Lab I
Surgeon	: Dr. Gnanavely	Start Time	: 14.00
I Asst. Surgeon	:	End Time	: 14.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Priya	Arthroscopy	:
Name of Surgery	: CAG	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

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 8834 / Sarath 20/9/24 17:25 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

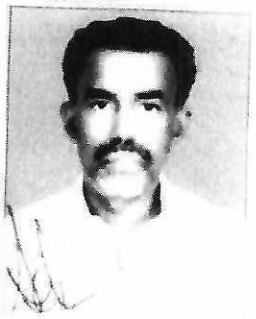
KK Nagar Chennai, TN (ESIC Model Hosp.)

UTL ID: 6296526

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024048130		
Name of the Patient	: Mr. Isaiah A	Insurance No/Staff/ Pensioner Card	: 5127585650
UAN of IP	:	Age/Gender : 54 Years /Male	UHID : HKKN.0000225009
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant father		
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 - 28-Sep-2024		



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 Interventional Cardiology

Date & Time of Referral : 18 Sep 2024 11:00:58 AM

Name and Designation of the Referring Doctor

Dr. Abarna devi S - ASSISTANT PROFESSOR

Or Agreeing to / contradicting the above, I voluntarily choose Medway for my father (relationship).

Hospital for treatment of self or

Date and Time: 18/9

T. Isaiah

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:

VERIFIED FOR SST

18/9/24

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

MEDICAL SUPERINTENDENT
E.S.I.C. HOSPITAL K.K. NAGAR.
CHENNAI-600 078.

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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Ph - 7299618919

18-09-2024