2 of 7 (ESI)

ESI

Discharge on 5/10/24

(CABG)

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.KANAGARAJ R (ESI)
51/Male/MHI202485687
30/09/2024/IP112024002304
Dr.RAJESH.V

IP No. _____

Room No. ___

D.O.A. 30/9/24 Time _____

Rent Per Day _____ 20(CB)

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/9/24	13.30	ADMISSION	201 A	
1/10/24	8:00	2nd Floor (Ward) 201 A	CTOT	AKW-0373
1/10/24	13.00	CTOT	SICU	
3/10/24	10:10	SICU	GW-4	

OPERATION THEATRE

Date	: 1/10/24	OT No.	: CTOT - 1
Surgeon	: DR. RAJESH	Start Time	: 9.30
I Asst. Surgeon	: DR. ARAVIND	End Time	: 13.00
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. ~~Surgeon~~	: PA Devikala /	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER	C-Arm	: -
OT Nurse	: RADHIKA / Monica	Arthroscopy	: -
Name of Surgery	: OPCAB (CLOSED HEART) VCA	Laproscopy	: -
RS1000/- TO BE CHARGED ETO THINKS		~~Sevoflurane~~ / Isoflurane	: 2 HRS 40 MINS
Manman Saw dn'll used		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: -

MONITOR

Date	Start	Date	Disconnect
01/10/24	13.05	3/10/24	10:25

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
01/10/24	13.05	2/10/24	11.00
2/10/24	23:00	3/10/24	5:00
~~3/10/24~~			

SYRINGE PUMP

Date	Start	Date	Disconnect
01/10/24	13.05	2/10/24	4:00

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
2/10/24	HB, UREA, CREATININE (12.9 gb)
3/10/24	Hb, urea, cr, ala, K (12.9 gb)
5/10/24	Hb, Urea, Cr, Nat, K (308)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

01/10/24	CXR A/P B/S - (1) (12913)
02/10/24	CXR A/P B/S - (1) (12946)
2/10/24	CXR A/P B/S - (1) (12952)
3/10/24	CXR A/P B/S - (1) 12981)
4/10/24	CXR PA, FCG, ECHO (3048)
5/10/24	CXR

CBG

DATE	NUMBERS	DATE	NUMBERS
30/9/24	1 HO } 3045		
1/10/24			
3/10/24	1 (2981)		

ABG

DATE	NUMBERS	DATE	NUMBERS
01/10/24	2(OP)2923	01/10/24	2(OP)2923
01/10/24	1 (12913)	01/10/24	1 (12913)
02/10/24	1 (12946)		

ACT

DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	
01/10/24	21:00
02/10/24	6:00 / 9:40 / 14:45
03/10/24	9:05 / 17:15
04/10/24	10:30 / 17:50
5/10/24	11:45

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
1/10/24	1+1		
2/10/24	1+1+1+1		
3/10/24	1+1+1+1		
4/10/24	1+1+1+1		
5/10/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Rajesh	30/9/24	1/10/24	2/10/24	3/10/24	4/10/24	5/10/24	
Dr. Sylvester	30/9/24	1/10/24					
Mrs. Catherine (Dietition)	30/9/24	1/10/24	3/10/24	05/10/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 68279 / Accy O.C. RETURNS CHECKED : 5/10/24.	529 - CABH - 118371 5/10/24

CROSS MATCHING :

RESERVATION PF BLOOD : 1 O Pve reservation done on 30/9/24

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Anani	Sister In-charge

rm P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

2933/KKN

UTI ID....1217322

Referral Letter

DO NOT MUTILATE THE QR CODE

Insurance No/Staff/ Pensioner Card	: 5131748193
Age/Gender	: 51 Years /Male
UHID	: TN01.0013697047

erral No	: Tamil2024046871
me of the Patient	: Mr. R Kanagaraj
N of IP	:
dress/Contact No	: H.No-18,Gaythri Garden Madambakkam, KancheepuramCh Kanchipuram
lentification marks (if any)	: Tamilnadu INDIA
P/Beneficiary/Staff	: IP
Relationship with IP/Staff	: Self
Entitled for Specialty Rx	: YES
Entitled Super Specialty Rx	: YES
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks : Triple Vessel Disease
CGHS (Name and Code)*	: 529 - CABG - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - ~~20-Sep-2024~~

Remarks Additional Clinical Information/Procedure/Investigation

Valid upto 10/10/24

Reasons / Purpose for Referral Investigations/Rx/Procedure :

अधिकारी/O/S.D.(S.S.T) अस्पताल/ESIC HOSPITAL

डॉ.के.वी.बालिगा, Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro) प्राध्यापक एवं विभाग प्रमुख / Professor & HOD सामान्य दवा / General Medicine E.S.I.C. Medical College & Hospital K.K.Nagar, Chennai-78.

ne of the empanelled hospital whereto refer

Hospital : MEDWAY HOSPITALS

Department : ~~Cardiology~~ CTVS

Name and Designation of the Referring Doctor

Dr. Krishna VEnkatesh Baliga - PROFESSOR

Date & Time of Referral : 10-Sep-2024 01:36:55 PM

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: 10/9/24

Referred to ______ Department of ______ Hospital/Diagnostic

Centre for ______ (Reason/purpose for referral).

11/9/24

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

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

ENTITLED FOR SST
Committee Members
Signature
1.
2.
3.

The 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 as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

10-09-2024

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