REF:- ESI

CAG1 **ESI** ESI

MHI/DP/2022/104

BILLING CARD

Medway Hospital®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Mrs.SHANTHI AYAVU(ESI)
59/Female/MHI202485741
13/09/2024/IP1I2024002147
Dr.G. GNANAVEL.U

Patient Name ___ _____

IP No. _____

Room No. _____

D.O.A. 13/09/24 Time 10.47 AM

TRANSFER DETAILS Rent Per Day RL

Date	Time	From	To	Nurse's Signature
13/9/24	11:00	Admission	RL	
13/9/24	11:51	RL	Cath Lab	
13/9/24	12:35	CATHLAB	RL	

OPERATION THEATRE

Date	: 13/09/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 12:00
I Asst. Surgeon	:	End Time	: 12:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. 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 : 5996.00 13/09/24 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reshma banu.

Sister In-charge

2926 SMO

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

UTI ID.....

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024046737	**Insurance No/Staff/ Pensioner Card**	: 5127912331
Name of the Patient	: Ms I. Shanthi	**Age/Gender** : 54 Years /Female	**UHID** : A
UAN of IP	:		
Address/Contact No	: ambur ambur		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant mother		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24 9 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 20-Sep-2024		

सामान्य ड्यूटी/General Duty
E.S.I.C. Medical College & Hospital
के.के.नगर,चेन्नई-78/K.K. Nagar, Chennai-78

Remarks Additional Clinical Information/Procedure/Investigation Coronary angiography for ACS

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

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

Date & Time of Referral : 10-Sep-2024 09:59:09 AM

Name and Designation of the Referring Doctor
Dr. KOTHAI GNANAMOORTHY, Associate Professor
सह-प्राध्यापक / Associate Professor
सामान्य ड्यूटी/General Medicine
E.S.I.C. Medical College & 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 or for my Mother (relationship).

Date and Time: 10/9/24

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/purpose for referral).

ELIGIBLE FOR SST

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

Signature & Name
1.
2. Dr KOTHAI
3. A. SIVAKUMAR

10/9/24

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

Medical Superintendent
E.S.I. 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.

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10-09-2024

Mob- 9597923170