ESI

Discharge on 1/10/24

CABG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.SOMAKUMAR C(ESI)
67/Male/MHI202485761
26/09/2024/IP1I2024002271
Dr.KAILASH A JAIN

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 26/9/24 Time 9.56 AM

Rent Per Day 208

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/9/24	10:00	Admission	2nd F-208A	
27/9/24	11.55	208-B	CTOT	
27/9/24	16.40	CTOT	SICU	
29/9/24	10:30	SDICU	204-A	

OPERATION THEATRE

Date	: 27/9/24	OT No.	: OT-II
Surgeon	: Dr KAILASH A JAIN	Start Time	: 12.00
I Asst. Surgeon	: Dr GHAYOOR AHMED.	End Time	: 16.40
II Asst. Surgeon	: Ms SARITHA	Dis. Pack	:
III Asst. Surgeon	: —	Diathermy	: Used
Anaesthetist	: Dr SHAPNA VARMA	C-Arm	: —
OT Nurse	: SN. THANIKA.	Arthroscopy	: —
Name of Surgery	: OPCAB CLOSED HEART	Laproscopy	: —
VGTA/ mammary saved not used		Sevoflurane / Isoflurane	: 2 HRS
ETORS 1000 to be charged		Inj. Fentanyl	: 2ml 10ml/inj. monphi: 2
		Others	: —

MONITOR

Date	Start	Date	Disconnect
27/9/24	16.45	29/9/24	10:30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
27/9/24	16.45	29/9/24	08:30

SYRINGE PUMP

Date	Start	Date	Disconnect
27/9/24	16.45	29/9/24	10:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
27/9/24	16.45	27/9/24	21.00

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
28/8/24	WBC, Urea, Creatinine (12705)
1/10/24	Hb, TC, Urea, Creat, Na/K (2879)

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

25/9/24	carotid doppler (2900)		
27/9/24	CXR(A/P) BJS - (12700)		
27/9/24	Ecg - (12700)		
28/9/24	ECG (12705)		
28/9/24	CXR(A/P) BJS (12742)		
1/10/24	ECG, MRCP, Echo (2280)		

CBG

DATE	NUMBERS	DATE	NUMBERS
26/9/24	1+ (2897)		
27/9/24	1+1 (2897)		
27/9/24	1 (12705)		
28/9/24	1 (12742)		
29/9/24	2 (2768)		
29/9/24	1 (2897)		
30/9/24	1+1+1 (2897)		
01/10/24	1+1 (2897)		

ABG

DATE	NUMBERS	DATE	NUMBERS
27/9/24 OT	(2) 12698	27/9/24 OT	(3) (2698
27/9/24	3 (12700)		
27/9/24	1 (12705)		
28/9/24	1 (12742)		
28/9/24	1 (2768)		
29/9/24	(2711) (1)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
25/9/24	21.00
28/9/24	5.00 / 16:00 / 11.00 / 22.00
29/9/24	5.30 / 10:00 / 15:30
30/9/24	9.45 / 16:30
1/10/24	10.00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
27/9/24	1+1+1		
28/9/24	1+1+1		
29/9/24	1+1+1		
30/9/24	1+1+1+1		
1/10/24	1+		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kailash Jain	26/9/24	27/9/24	28/9/24	29/9/24	30/9/24	01/10/24	—
Dr. SHAPNA	26/9/24	—					
Mrs. Catherine (Dietitian)	25/9/24	27/9/24	28/9/24	01/10/24		—	

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 75488.00 RETURNS CHECKED : 0215 01/10/24	529 - CABH - 118371 1/10/24

CROSS MATCHING :

RESERVATION PF BLOOD : 20 PW reservation done on 26/9/24

STERILE TRAY USED : SR TRAY ① no used in lw on 28/ SR tray ① used

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE PROBE

Admission Officer : Aarthi

Sister In-charge

(Form P-1)

KMN 3023

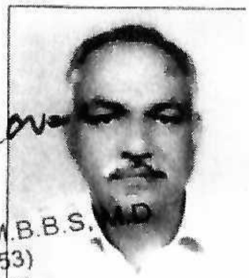
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

UTI ID 6296072

DO NOT MUTILATE THE QR CODE



Referral No	: Tamil2024048164	Insurance No/Staff/ Pensioner Card	: 5131102155
Name of the Patient	: Mr. Somakumar C	Age/Gender : 67 Years /Male	UHID : HKKN 0000278007
UAN of IP	:		
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)*	: 529 - CABG - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 28-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation CABG

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

Dr. S. KATHIRAVAN M.B.B.S., M.D (Reg. No: 90253) Asst. Professor Dept of General Medicine ESIC Medical College & Hospital, KK Nagar, Chennai

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

Date & Time of Referral 18-Sep-2024 11:58:27 AM

Name and Designation of the Referring Doctors
Dr. Nalini Kumara Velu - PROFESSOR

Dr.S.KATHIRAVAN, M.B.B.S, M.D
(Reg. No:90253)
Asst. Professor
Dept of General Medicine
ESIC Medical College & Hospital,
KK Nagar, Chennai -78.

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

Date and Time 18/9

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:

Signature & Name
1.
2.
3. 18/9/24

(AUTHORISED SIGNATORY WITH STAMP) 18/9/24
(Signature, Name &Designation)
Date & Time:

चिकित्सा अधीक्षक
MEDICAL SUPERINTENDENT
क.रा.बी.नि. अस्पताल : के.के.नगर,
E.S.I.C. HOSPITAL : K.K. NAGAR,
चेन्नै-600 078.
CHENNAI-600 078.

... entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be ...rned by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform ... those procedure/treatment for which the patient has been referred to. In case any additional procedure ...ment /investigation is essentially required to be carried out, permission for the same is mandatorily required from ...approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or ...r the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the ...t/agreement.

By : nalikuma

ph - 7358409966

18-09-2024