

REP!ESI

ESI

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. BHAVANI KUMAR(ESI)

38/Female/MHI202485794

18/09/2024/PHI2024002193

Dr.G. GNANAVELU



D.O.A.

18/09/24

Time

10:44 AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
18/9/24	10:55	EO	RL	
18/9/24		RL	Cath Lab	
18/9/24	12:20	CATH LAB	RL	

OPERATION THEATRE

Date	: 18/09/24	OT No.	: CATH LAB-I
Surgeon	: Dr. Gnanavelu	Start Time	: 11:50
I Asst. Surgeon	:	End Time	: 12:10
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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

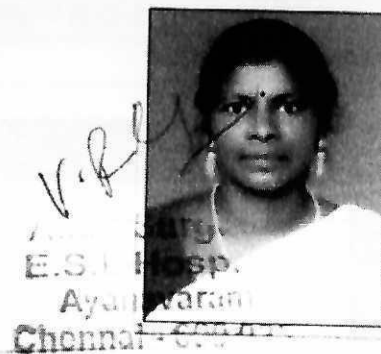


Letterhead of Referring ESI Hospital/Dispensary

REFERRAL FORM(Permission Letter)

Region: RO - Tamilnadu

Referred By: ESI - Ayyavaram



Patient Registration

Claim ID.	6290160	Referral No.	OP - 07
Date of Issue	16/09/2024	Validity Upto	26/09/2024

Patient & Beneficiary Information

Name of Patient	MRS. BHAVANI KUMAR	Age	39
Gender	Female	Whether IP/Staff / Family	Self
UHID NO.	TN01.0010949143	IP NO.	5131146693
Beneficiary Name	MRS. BHAVANI KUMAR	Relationship with Beneficiary	Self
Identification Marks(if any)	NA		
Admission	NO		
Investigation/Rx/Procedure /for which patient is being referred (Reasons for referral)	YES		
Consultation for	NO		
Package Type	CGHS Package		

Package Details

601 Coronary angiography

Reason For Referral	Procedure / Treatment - Unavailability of equipment with name
For Other Reasons	NA
Referral Comments	

Referred For :-

SECONDARY	OUT - PATIENT CONSULTATION
TERTIARY	CARDIOVASCULAR SURGERY

Name of the empanelled hospital MEDWAY HOSPITALS

Remarks APPROVAL ACCORDING TO CORONARY ANGIOGRAPHY

Place :

Dated :

Advised By: GENERAL MEDICINE

Signature of Medical Office Grade II

However, agreeing to / contradicting the above, I voluntarily choose _____ (relationship)

Approved By: MEDICAL SUPERINTENDENT

Signature of Medical Officer with Stamp

Hospital for treatment of self or for my

Signature of Patient.

Date & Time: 16/09/2024

Signature/Thumb Impression of IP/Beneficiary/Staff

Foot Note

NB. In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. The form duly filled should be sent after signature of the competent approving authority.

1. Mandatory Instructions for the Hospital where the patient is referred.
2. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
3. The entitlement eligibility of the patient can also be verified at www.esic.in IP Portal.