REF! ESI

ESI

CAG

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mrs.BHAVANI KUMAR(ESI)
38/Female/MHI202485794
18/09/2024/IP112024002193
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. __

D.O.A. 18/09/24 Time 10:44 A.M

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
18/9/24	10.55	FO	RL	
18/9/24		RL	cath lab	
18/9/24	12:20	CATHLAB	RL	

OPERATION THEATRE

Date	: 18/09/24	OT No.	: CATHLAB-I
Surgeon	: Dr. Gnanavelu.G	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 CA07	Arthroscopy	:
Name of Surgery	:	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 : 6236/- D.T&L 18/9/24 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reshma Sane

Sister In-charge

Employee's State Insurance Corporation

Letterhead of Referring ESI Hospital/Dispensary

REFERRAL FORM(Permission Letter)

Region: RO - Tamilnadu

Referred By: ESIS - Ayynavaram

E.S.I. Hosp.
Ayanavaram
Chennai-600 023

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 Referral Comments	NA

Referred For :-

SECONDARY	OUT- PATIENT CONSULTATION
TERTIARY	CARDIOVASCULAR SURGERY

Name of the empanelled hospital	MEDWAY HOSPITALS
Remarks	APPROVAL ACCORDING TO CORONARY ANGIOGRAPHY

Place :

Dated : V.R.U

Advised By: GENERAL MEDICINE

Signature of Medical Office Grade II

Approved By: MEDICAL SUPERINTENDENT

Signature of Medical Officer with Stamp

However, agreeing to / contradicting the above, I voluntarily choose _____ *Hospital for treatment of self or for my* _____ *(relationship).*

Signature of Patient.

Date & Time: 4 K.U.

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.