

REF: ESI

ESI

CAG

MHI/DP/2022/104

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

BILLING CARD

Patient Name

Mrs. PREMAVATHY P

57/Female/MHI202485821

19/09/2024/IP112024002204

Dr. G. GNANAVELU

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

22

Date	Time	To	Nurse's Signature
19/9/2024	10:55	FRONT OFFICE	RL
19/9/24	12:10	RL	CATH LAB
19/9/24	13:20	CATH LAB	RL

OPERATION THEATRE

Date	: 19/9/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu. V	Start Time	: 12:45
I Asst. Surgeon	:	End Time	: 13:05
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. morphine	:
		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]

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6287697

Referral Letter

29/9/24
KKN



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024047618
Name of the Patient : Ms. Premavathi
UAN of IP : \2020_09_16\HKKN.0000119791_QRC
Address/Contact No :
Identification marks (if any) :
IP/Beneficiary/Staff : Beneficiary
Relationship with IP/Staff : Spouse
Entitled for Specialty Rx : YES
Entitled Super Specialty Rx : YES
Diagnosis : ICD - Atherosclerotic heart disease - I25.1 Remarks :
CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /
Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 24-Sep-2024

Insurance No/Staff/ Pensioner Card : 5113587560
Age/Gender : 57 Years /Female UHID : HKKN.0000119791



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lack of facility

Name of the empanelled hospital where to refer

Hospital : MEDWAY HOSPITALS
Department : Cardiology

Date & Time of Referral : 14-Sep-2024 09:35:05 AM

Name and Designation of the Referring Doctor
Dr. Nalin Kumara Velu - PROFESSOR

Or, Agreeing to / contradicting the above, I voluntarily choose
for my (relationship):

Hospital for treatment of self or

Date and Time:

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:

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

विक्रम जल्लिक
MEDICAL SUPERINTENDENT
क.रा.बी.नि. अस्पताल : के.के.नगर.
E.S.I.C. HOSPITAL: K.K. NAGAR,
फोन-600 078.
CHENNAI-600 078.

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.

Printed By : nalikuma

14-09-2024

9884038509
9840887453
+ 55556
Dr. KUTHAL
A. SIVAKUMAR
Dr. Nalin Kumara Velu
Dr. Nalin Kumara Velu
Dr. Nalin Kumara Velu