R1 EST

ESI

CAG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.SATHYASEELAN R (ESI)
59/Male/MHI202485824
19/09/2024/IP112024002208
Dr.G. GNANAVELU

Patient Name _____

D.O.A. 19/9/24 Time 11.26AM

IP No. _____

Room No. ___

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
19/9/24	11.30am	ADM (CG)	RL	
19/9/24		Cath Lab	RW	
19/9/24	2.58pm	Cath Lab	RL	

OPERATION THEATRE

Date	: 19/9/24	OT No.	: Cath Lab
Surgeon	: Dr. GG	Start Time	: 2.28pm
I Asst. Surgeon	:	End Time	: 2.40pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Parija RN	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 : 6203 / 8.XL 19/9/24 RETURNS CHECKED :	11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil/2024046921	Insurance No/Staff/ Pensioner Card	: 51283 1756
Name of the Patient	: Mr. Sathyaseelan Rathinasamy	Age/Gender : 59 Years /Male	UHID : TNCI 0012142768
UAN of IP	:		
Address/Contact No	: Default Default Default Chennai Tamilnadu INDIA		
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 - Acute ischaemic heart disease, unspecified - 124.9 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		

Remarks Additional Clinical Information/Procedure/Investigation

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

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

Date & Time of Referral 10 Sep 2024 10:37:46 PM

Name and Designation of the Referring Doctor
Dr. Krishna Venkatesh Baliga PROFESSOR

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

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

13/9/24
(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time

Medical Superintendent
ESIC 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.

Printed By : ...

ph- 9840065772

10-09-2024