RL ESI CAG

ESI

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.ARUMUGAM K(ESI)
46/Male/MHI202485850
17/09/2024/IP1120240021B3
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 17/9/24 Time 10.11 AM.

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/9/24	10:30	F.O	RL	
17/9/24	11:25	RL	cath. lab	
17/9/24	12:50	CATHLAB	RL	

OPERATION THEATRE

Date	: 17/09/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Jaishankar. K	Start Time	: 12:20
I Asst. Surgeon	:	End Time	: 12:40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. priya CDU	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 : 8554 / 9600 OT RETURNS CHECKED : 17/9/24.	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTA

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6290534

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024047863	Insurance No/Staff/ Pensioner Card	: 5130185300
Name of the Patient	: Mr. ARUMUGAM	Age/Gender : 46 Years /Male	UHID :
UAN of IP	:		
Address/Contact No	: 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 - I24.9 Remarks : Acute ischemic heart disease		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 26-Sep-2024		

डॉ. जी.कोथाई/Dr. G.KOTHAI, M.D., MRCP(UK)
सह-प्राध्यापक / Associate Professor
सामान्य दवा / General Medicine
ई.एस.आई.सी. चिकित्सा महाविद्यालय व.
E.S.I.C. Medical College & Hospital
के.के.नगर,चेन्नई-78/K.K. Nagar, Chennai-600 078.

Remarks Additional Clinical Information/Procedure/Investigation

Lack of Facility

Reasons / Purpose for Referral Investigations/Rx/Procedure :

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

डॉ. जी.कोथाई/Dr. G.KOTHAI, M.D., MRCP(UK)
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E.S.I.C. Medical College & Hospital
के.के.नगर,चेन्नई-78/K.K. Nagar, Chennai-600 078.

Name and Designation of the Referring Doctor

Date & Time of Referral 16-Sep-2024 11:55:58 AM

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

Date and Time 16/9

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/purpose for referral).

16/9/24

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time

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

MEDICAL SUPERINTENDENT
E.S.I.C. HOSPITAL & RESEARCH INSTITUTE, K.K. NAGAR,
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.

16-09-2024

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