REF! ESI

ESI

CAG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.SANTHOSH KUMAR.R(ESI)
Patient Name 41/Male/MHI202485897
21/09/2024/IP1I2024002225
IP No. _____ Dr.G. GNANAVELU
Room No. _____

D.O.A. 21/09/24 Time 10:45 AM

TRANSFER DETAILS Rent Per Day RL

Date	Time	From	To	Nurse's Signature
21/9/24	10.48	ADM	RL	NURSE.
21/9/24	12.45	RL	CATHLAB	NURSE.
21/9/24	14.30.	CATH LAB	RL	Sign

OPERATION THEATRE

Date	: 21/9/24	OT No.	: Cath lab - I
Surgeon	: DR. Gnanavelu.	Start Time	: 13.40.
I Asst. Surgeon	:	End Time	: 14.20.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Soniji	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 : 6322 / Sarath 21/9/24 RETURNS CHECKED :	T-11,903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reshma Banu

Sister In-charge

(Form P-1)

3036/KKN

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

UTT ID...629733B

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil/2024048157	Insurance No/Staff/ Pensioner Card	: 5135312380
Name of the Patient	: Mr. R SANTHOSH KUMAR	Age/Gender : 41 Years /Male	UHID : TN01.0017340161
UAN of IP	:		
Address/Contact No	: NO 342 K BLOCK T V K KUDIERUPPU TEYNAMPET		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24.9 Remarks : ICD - Acute myocardial infarction, unspecified - I21.9 Remarks : 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 - 28-Sep-2024		

Dr.S.KATHIRAVAN, M.B.B.S, M.D (Reg. No:90253) Asst Professor Dept of General Medicine ESIC Medical College & Hospital, KK Nagar, Chennai-78.

Remarks Additional Clinical Information/Procedure/Investigation : CORONARY ANGIOGRAPHY

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

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

Dr.S.KATHIRAVAN, M.B.B.S, M.D (Reg. No:90253) Asst Professor Dept of General Medicine ESIC Medical College & Hospital, KK Nagar, Chennai-78.

Date & Time of Referral: 18-Sep-2024 11:42:58 AM

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

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

Date and Time: 18/9

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:

1. Dr. [illegible]
2. [illegible]
3. [illegible] 19/9/24

18/9/24

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

चिकित्सा अधीक्षक
MEDICAL SUPERINTENDENT
क.रा.बी.नि. अस्पताल : के.के.नगर,
E.S.I.C. HOSPITAL : K.K. NAGAR.
चेन्नै-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.

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