ESI

CAG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mrs.LAKSHMI.R (ESI)
69/Female/MHI202485898
20/09/2024/IPII2024002215
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 20/9/24 Time 10.48AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
20/9/24	10.50	Admission	RL	
20/9/24	12.55	RL	Cath lab	
20/9/24	13.5	CATH LAB	RL	

OPERATION THEATRE

Date	: 20/9/2024	OT No.	: Cath lab-II
Surgeon	: DR. Gnanavelu.	Start Time	: 12.20
I Asst. Surgeon	:	End Time	: 12.55
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Ponni	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
	10.		

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 : 5/9/24 / Sarath 20/9/24 15:33 pm	T-11903
RETURNS CHECKED :	

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

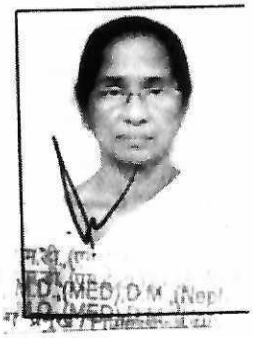
KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

UHID 6298471

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024048431	Insurance No/Staff/ Pensioner Card	: 5135357172
Name of the Patient	: Mrs. LAKSHMI R	Age/Gender : 69 Years /Female	UHID : TN01.0017446618
UAN of IP	:		
Address/Contact No	: NO 18 PILLAYAR KOVIL STREET MAHATHMA GANDHI NAGAR THARAMANI		
Identification marks (if any)	: TTTI		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Congestive heart failure - I50.0 Remarks : ICD - Pulmonary oedema - J81 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 29-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

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

Date & Time of Referral : 19-Sep-2024 11:57:11 AM

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

Date and Time 19/9

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:

19/9/24

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

MEDICAL SUPERINTENDENT
E.S.I.C. HOSPITAL 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.

19-09-2024

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