

Ref:- CPT

CPT

CAD

MHI/DP/2022/104



BILLING CARD



Patient Name Mrs.BHAVANI A (CPT)
62/Female/MHI202485912
IP No. 23/09/2024-IP112024002237
Room No. Dr.G. GNANAVELU

D.O.A. 23/09/24 Time 09:55 am

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
23/9/24	9:57	ALOM	RL	
23/9/24		RL	CATHLAB	
23/9/24	14:15	CATHLAB	RL	

OPERATION THEATRE

Date	: 23/09/24	OT No.	: CATHLAB-I
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:40
I Asst. Surgeon	:	End Time	: 14:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/w. priya	Arthroscopy	:
Name of Surgery	: CAD	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		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]



சென்னை துறைமுகம்
PORT OF CHENNAI
पोर्ट आफ चेन्नै
ISO 9001:2015 & ISPS Compliant

CHENNAI PORT AUTHORITY

MEDICAL DEPARTMENT

Office of the Chief Medical Officer,
Chennai Port Authority Hospital,
Chennai - 600 001,
Reference Number:CREF103295

Telephone:2536 2201 Extn: 2276

Fax:2536 0448

PO Number: 4102013395

Reference Date/Time:20/09/2024 09:45

From

The CHEIF MEDICAL OFFICER,
Chennai Port Authority Hospital,
Chennai -- 600 001,



Special Instruction

Patient should utilize this reference
letter within 10 days from the date of
issue

To

THE DIRECTOR,
Medway Heart Institute

, No.9,1st Main Road,Adjacent to SBI Bank,, 600024

CGHS

RETIRED

Sir,

Sub: MEDICAL AID - Referring for treatment / review - Reg

1.	Name Of The Patient	Mrs BHAVANIA
2.	Age	62 Y
3.	Sex	Female
4.	Relationship	(L) ARUMUGAM.M / W/O
5.	Designation	R Hospital Sergeant
6.	Category	Class 3
7.	Department	MEDICAL
8.	Diagnosis	acute coronary syndrome,HT/ DM/ UNSTABLE ANGINA
9.	Procedure/Reason for Referral	ACS/UNSTABLE ANGINA/HT/DM FOR CAG+/- PTCA
10.	Retired Employee PPO No., Challan No., Date & Amount (for retired employees)	MR No. 8273-1 Employee Code 70060463 PPO No 15586 Ch no: 6345, Re. 33820/- - DL: 7/3/14

He / She is referred to your hospital for further evaluation and management.

He / She may be permitted for treatment from the date of Admission(ie). 20/09/24

He / She is again referred to you for review / Treatment. TP

He / She may be provided Single/General room accommodation.

Chennai Port Authority will pay (charges) / CGHS charges for his/ her treatment. Bills in duplicate may be sent to this office within ONE WEEK of discharge of the patient for arranging payment. In case of prolonged treatment , interim bill along with the progress of the patient should be sent fortnightly.

This patient may be discharged and transferred to this hospital for further management as soon as his / her condition is stable. **THIS REFERRAL LETTER IS VALID FOR ONE TIME ONLY.**

Yours faithfully

Dr. Cardiology

Medical Officer

for CHIEF MEDICAL OFFICER

DEPT. OF CARDIOLOGY