						N	IHI/DP/2022/104	
Medway Ho The way to bette (A Unit of United Alliance He	spitals [®]		BILLIN	G CARD		(A)	Heart Institute	
Patient Nam	Mr.MAGHENDRA 62/Male/MHI20248595	BAABU R.B	Ī		DOA 12	lou by Tim	ne 09'24 Am	
ID No	23/09/2024/IPH20240022	236	k: 0		0.0	104)44	10 09, 24 1911	
IP No	Dr.K.JAISHANKAD					10.1-		
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Date	Time		. om	To)	Nurse's	Signature	
23/9/24	9.25	Apan	<u> </u>	RL		lue		
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23/9/24	12:45.	CA	THLAB	RL		Proo.	4	
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Date	:23/0	9/24		OT No.	: CATH CAT	3-1		
Surgeon	: 1)8	· Tarsha	Necon. IC	Start Time	: 12:15			
I Asst. Surge				End Time	: 12:35			
II Asst. Surge				Dis. Pack	:			
III Asst. Surg				Diathermy				
Anaesthetist	: ;			C-Arm	1			
OT Nurse	: Rlov.	priga		Arthroscopy	:			
Name of Sur	gery:	CAU	7	Laproscopy	:			
		,		Sevoflurane /	lsoflurane :			
				Inj. Fentanyl	: 2ml 10ml/inj	. monphi:		
				Others	:	•		
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CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date	
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РНА	RMACY	1	l		AMBU	LANCE		
OT DRUGS REPLACED : 5339 9eces BILL CLEARED : 5339 9eces RETURNS CHECKED : 23/9/24.					T-11908/-			
CROSS MATCHING:								
RESERVATION PF BLOC	DD:							
STERILE TRAY USED :								
TRANFUSION (BLOOD)							
ATTENDER'S HOLDING	:							
OTHER PROCDURES :								
	-		_			N		

Admission Officer: Resumation.

Sister In-charge



CHENNAI PORT AUTHORITY

MEDICAL DEPARTMENT

Office of the Chief Medical Officer,

Chennai Port Authority Hospital,

Chennai - 600 001,

Reference Number: CREF103412

From

The CHEIF MEDICAL OFFICER Chennai Port Authority Hospital,

Chennai -- 600 001,

To

THE DIRECTOR.

Medway Heart Institute

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

Chennel Port Authority Hospital

Telephone:2536 2201 Extn: 2.

Fax:2536 0

PO Number: 4102013

Reference Date/Time:20/09/2024 12

Special Instruction

Patient should utilize this refrence letter within 10 days from the date

issue

CGHS

SERVING- RC

Sir.

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

	S	
1.	Name Of The Patient	Mr R. B. MAGHENDRA BAABU
2.	Age	62 Y
3.	Sex	Male
4.	Relationship	Self
5.	Designation R	Senior Store Keeper Grade
6.	Category	Class 3
7.	Department	M&EE
8.	Diagnosis	CAD,dm/htn/cad/ihd/severe lv dysfunction/rwma
9.	Procedure/Reason for Referral	cad/severe lv dysfn/ht/dm for cag+//- ptca
10.	Serving Employee MR No. / Employee Code	MR Nov 10417-E Employee Code 10041780 PPO No

le / Sle 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 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

Dt: 29/04/20

1/2/ 2019

DEPT. OF CARDIOLOGY

*Note: This is a computer-generated document. No signature is required