RY ESI

ESI

CAG.

MHI/DP/2022/104

Medway Hospitals®
The way to better he
(A Unit of United Alliance Healthcare

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.NARAYANAKUTTY.B(ESI)
57/Male/MHI202485980
25/09/2024/IP1I2024002267
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 25/9/24 Time 12.29 PM.

TRANSFER DETAILS

Rent Per Day RC

Date	Time	From	To	Nurse's Signature
25/9/24	12.29	Admission	RI	
25/9/24	13.20	RI	Cath Lab.	
28/9/24	14.35	Cath Lab.	RC	

OPERATION THEATRE

Date	: 28/9/24	OT No.	: Cath Lab
Surgeon	: Dr. GG	Start Time	: 1.45 Pm
I Asst. Surgeon	:	End Time	: 2.08 Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Priya (AG)	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 : 6567.00 ~~825~~	T-11903
RETURNS CHECKED : 25/09/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

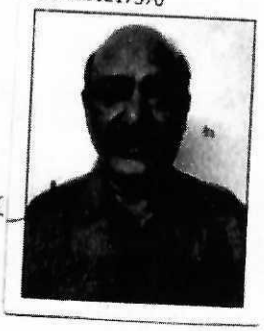
Referral Letter

H023/1TKN

DO NOT MUTILATE THE QR CODE

UTI ID 63094555

Referral No	: Tami2024049003		
Name of the Patient	: Mr. Narayanakutty B	**Insurance No/Staff/ Pensioner Card**	: 5115491962
UAN of IP	: \2020_05_14\TN01.0000217570_QRC	**Age/Gender** : 57 Years /Male	**UHID** : TN01.0000217570
Address/Contact No	: NO; 19/30M, TNSCB COLONY NEHRU ST, KANAGAM,THARAMANI CHENNAI		
Identification marks (if any)	: Chennai Tamilnadu INDIA		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: 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 - 03-Oct-2024		



Remarks Additional Clinical Information/Procedure/Investigation CAG

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

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS

Department Cardiology

Date & Time of Referral : 23-Sep-2024 09:43:05 AM

Name and Designation of the Referring Doctor

Dr. USHALAKSHMI S - Associate Professor

Dr,Agreeing to / contradicting the above, I voluntarily choose _____ (relationship) Medway Hospital for treatment of self or

Date and Time: 24/9

_____

Signature/Thumb Impression of IP/Beneficiary/Staff

eferred to _____ Department of _____ Hospital/Diagnostic

entre for _____ (Reason/purpose for referral).

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

24/9/24

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

E.S.I.C. MODEL HOSPITAL & RESEARCH CENTRE
K.K. NAGAR,
CHENNAI-600 078.

Committee Members

Signature & Name

1.

2. 24/9/24

3.

entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be verned by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform y those procedure/treatment for which the patient has been referred to. In case any additional procedure / atment /investigation is essentially required to be carried out, permission for the same is mandatorily required from approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the tract/agreement.

ated By : ushas71

ph- 9962241882

23-09-2024