Ref: ESI

Discharge on 02/02/24 ESI

PTCA

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.NARAYANAKUTTY.B(ESI)
57/Male/MHI202485980
30/09/2024/IP1I2024002298
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

D.O.A. 30/9/24 Time 10:32AM

Room No. _____

Rent Per Day _____ Gen(204)

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/9/24	11.20	ADMISSION	IInd floor 204	
30/9/24	14:30	IInd floor 204	Cath Lab	
30/9/24	17.20	cath lab	CCU	
1/10/24	10.20	~~General ward~~ CCU	General ward IInd floor	

OPERATION THEATRE

Date	: 30/9/24	OT No.	: Cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 15.30
I Asst. Surgeon	:	End Time	: 16.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
30/9/24	17.20	1/10/24	10.20

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

OPERATION THEATRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
11/10/24.	u/a, creat (12888)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

30/9/24	ECG - 1 (2866)		
1/10/24	ECG - 1 (12888)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
30/9/24	1 (2904)						
30/9/24	2 (2866)						
1/10/24	1 (12888)						
1/10/24	1+1+0 (2904)						
02/10/24	1 (2904)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR - Gnanavelu	1/10/24	02/10/24	—				
Mrs. Catherine (Dietitian)	30/9/24	01/10/24	2/10/24	—			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 15209.00 02/15 BILL CLEARED : RETURNS CHECKED : 01/10/24	545 - PTCA + Stent 75353 + Stent 3/10/24

CROSS MATCHING : T – 1, 25, 353

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Jayanthi

30/9/24
Sister In-charge

4163 ✱ Ukw

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

UTI ID...

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024050175	Insurance No/Staff/ Pensioner Card	: 5115491962
Name of the Patient	: Mr. Narayanakutty B	Age/Gender : 57 Years /Male	UHID : TN01.0000217570
UAN of IP	: \2020_05_14\TN01.0000217570_QRC		
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 - Acute ischaemic heart disease, unspecified - I24.9 Remarks :		
CGHS (Name and Code)*	: 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 07-Oct-2024		

Remarks Additional Clinical Information/Procedure/Investigation: Pt. requires early PGK to LAD and OM.

Reasons / Purpose for Referral Investigations/Rx/Procedure : lof

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

डॉ. एस. उषालक्ष्मी / Dr. S. USHALAKSHMI, M.D.,FMMC. / सह प्राध्यापक/Associate Professor / चिकित्सा विभाग/Department of Medicine / क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल / E.S.I.C. Medical College & Hospital / के.के. नगर, चेन्नै-78/K.K. Nagar, Chennai-600 078.

Date & Time of Referral : 27-Sep-2024 12:01:24 PM

Name and Designation of the Referring Doctor

Dr. [redacted] USHALAKSHMI - SH Associate Professor

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

Date and Time.

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ______________ Department of ______________ Hospital/Diagnostic Centre for ______________ (Reason/purpose for referral).

VERIFIED / ENTITLED FOR SST

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

Signature ... checked 28/9/24

1.

2. ... 28.9.24

3. ... 28/9/24

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time: 28/9/24

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.

Printed By : ushas71 27-09-2024

ph- 8680962202

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date: **01/10/2024**
Bill No & Page No: **AUC/WS654 1/1**
Terms: **WHOLE SALES**
Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ
DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 25030X 2.50X30	1	30049099	0012186208	03/27	1	0	5 %	1190.48	23809.50	25000.00	23809.50
2	1 NA	ONYX TRUCOR DES TRCR 25022X 2.50X22	1	90213100	0012368485	07/27	1	0	5 %	1190.48	23809.50	25000.00	23809.50

ITEMS : 2 QTY : 2 BASE : 47619.00 SGST : 1190.48 CGST : 1190.48 GST : 2380.95 Goods Value: 47619.00

Category	Gross	CGST	SGST	Amount
5 %	47619.00	1190.48	1190.48	49999.95

P(Disc)
DB
CR
CD 0.00 0.00
Rounded Net Amount **50000.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Fifty Thousand Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-NARAYANAKUTTY-IP-2024002298-DR.GNANAVELU
Customer Outstanding: 126488139.00

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY