

ESI

CAG

MHI/DP/2022/104



## BILLING CARD

SAFETY FIRST



Patient Name

Mrs. THAMARAI SELVI (ESI)

IP No. \_\_\_\_\_

55/Female/MHI202486069

Room No. \_\_\_\_\_

15/10/2024/1P112024002423

Dr. K. JAISHANKAR /

D.O.A. 15/10/24 Time 10.02 AM

## TRANSFER DETAILS

Rent Per Day RL.

Date	Time	From	To	Nurse's Signature
15/10/24	10.10pm	ADMISSION	RL	[Signature]
15/10/24	12.00	RL	Cath lab.	[Signature]
15/10/24	13.00	CATH LAB	RL	[Signature]

## OPERATION THEATRE

Date	: 15/10/24	OT No.	: Cath Lab - II
Surgeon	: DR. JAISHANKAR	Start Time	: 12:10
I Asst. Surgeon	:	End Time	: 12.40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	:
		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]



(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024052644  
Name of the Patient : Ms. Thamara Selvi  
UAN of IP :  
Address/Contact No :  
Identification marks (if any) :  
IP/Beneficiary/Staff : Beneficiary  
Relationship with IP/Staff : Dependant mother  
Entitled for Specialty Rx : YES  
Entitled Super Specialty Rx : YES  
Diagnosis : ICD - Rheumatic heart disease, unspecified - 109.9  
CGHS (Name and Code)\* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /  
Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 20-Oct-2024

Insurance No/Staff/ Pensioner Card

: 2017491281

Age/Gender : 55 Years /Female

UHID : HKKN.0000278184



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

Lack of Facility

Name of the empanelled hospital whereto refer

Hospital  
Department

MEDWAY HOSPITALS  
Cardiology

डॉ. एस. अर्बण देवी, एम.डि., डि.डि.वि.एल.,  
Dr. S.ABARNADEVI, M.D., D.D.V.L.  
सहायक आचार्य/ASSISTANT PROFESSOR  
सामान्य मेडिसिन विभाग/DEPARTMENT OF GENERAL MEDICINE  
के.के.नगर चिकित्सा महाविद्यालय एवं पीजीआईएमएस और  
ESIC Medical College & P.G.I.M.S.R.  
के.के.नगर, चेन्नई/K.K. Nagar, Chennai-600 078.

Name and Designation of the Referring Doctor

Dr. Abarna devi S - ASSISTANT PROFESSOR

Date & Time of Referral : 10-Oct-2024 12:32:35 PM

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

Date and Time: 10/10/24

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:

(AUTHORISED SIGNATORY WITH STAMP)  
(Signature, Name & Designation)  
Date & Time: 10/10/24  
MEDICAL SUPERINTENDENT  
ESIC 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](http://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.

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10-10-2024

Ph

VAB06T : 992116051821