

R1
ESI



CAG

MHI/DP/2022/104



BILLING CARD
SAFETY FIRST



Patient Name

Mr. JALAL A (ESI)
56/Male/MHI202486149
03/10/2024/IP112024002330

IP No.

Dr. K. JAISHANKAR

Room No.



D.O.A. 31/10/24 Time 10.53 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
31/10/24	10:55	FEED	RL	24/10/24
31/10/24	12:10	RL	CONTR	24/10/24
31/10/24	13:05	CATH LAB	RL	24/10/24

OPERATION THEATRE

Date	: 03/10/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar K	Start Time	: 12:30
I Asst. Surgeon	:	End Time	: 12:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/a. Priya	Arthroscopy	:
Name of Surgery	: CAD	Laproscopy	:
		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]



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024050406

Name of the Patient : Mr. JALAL A

UAN of IP :

Address/Contact No :

Identification marks (if any) :

IP/Beneficiary/Staff : IP

Relationship with IP/Staff : Self

Entitled for Specialty Rx : YES

Entitled Super Specialty Rx : YES

Diagnosis : ICD - Left bundle-branch block, unspecified - I44.7 Remarks :

ICD - Other ill-defined heart diseases - I51.8 Remarks :

CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 10-Oct-2024

Insurance No/Staff/ Pensioner Card : 5134762800

Age/Gender : 56 Years /Male

UHID : HAYN.0000064667



DR. P. VIJAYARAGHAVAN

ASSOCIATE PROFESSOR

RAGHAVAN M.D. (Gen. Med.)

ESIC MEDICAL COLLEGE & PGIMS
CHENNAI - 600 078
Regd. No. 35831

Remarks Additional Clinical Information/Procedure/Investigation

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 : 30-Sep-2024 09:15:58 AM

Name and Designation of the Referring Doctor

Dr. Vijayaraghavan Associate Professor OF MEDICINE
ESIC MEDICAL COLLEGE & PGIMSOr, Agreeing to / contradicting the above, I voluntarily choose
for my (relationship).

MEDWAY

Hospital for treatment of self or

CHENNAI - 600 078

Regd. No. 35831

Date and Time:

30/9/24

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:

30/9/24

(AUTHORIZED SIGNATORY WITH STAMP)

MEDICAL SUPERINTENDENT

E.S.I.C. HOSPITAL : K.K. NAGAR,

CHENNAI - 600 078.

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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.

mob 8124243680