RJ
ESI

ESI

CAG.

MHI/DP/2022/104

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

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name : Mrs.SELVI.S (ESI)
50/Female/MHI202486223
07/10/2024/IP112024002360
Dr.G. GNANAVELU

IP No. _____

Room No. ___

D.O.A. 7/10/24 Time 10.21AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
7/10/24	10:21	Adm	RL	
7/10/24	11:20	RL	Cathlab	
7/10/24	12:00	CATHLAB	RL	

OPERATION THEATRE

Date	: 07/10/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 11.25
I Asst. Surgeon	:	End Time	: 11.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Priya	Arthroscopy	:
Name of Surgery	: CAG	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 : 6552 / Saratha 7/10/2024 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Aarthi	Sister In-charge

(Form 1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024051574	**Insurance No/Staff/ Pensioner Card**	: 5114176918
Name of the Patient	: Ms. S.SELVI .	**Age/Gender** : 50 Years /Female	**UHID** : TN01.0000100202
UAN of IP	:		
Address/Contact No	: 6, ANBALAGAN ST CHECK POST VELACHERY CHENNAI Chennai Tamilnadu		
Identification marks (if any)	: 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 - 14-Oct-2024		

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 : 04-Oct-2024 07:35:44 PM

Name and Designation of the Referring Doctor
Ms. USHALAKSHMI S - Associate Professor

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

Date and Time: 6/10/24 S selvi

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/purpose for referral).

6/10/24

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

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

SUPERINTENDENT
MEDICAL SUPERINTENDENT
E.S.I.C. 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. 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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04-10-2024

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