

ESI

(AG)

MHI/DP/2022/104

Medway Hospitals
The way to better heal
(A Unit of United Alliance Healthcare Pvt)

BILLING CARD

SAFETY FIRST



Patient Name Mr. PRAKASH (ESI)
61/Male/MHI202486228
07/10/2024/1PH2024002367

IP No. Dr. G. GNANAVELU

Room No.

D.O.A. 7/10/24 Time 11:38 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
7/10/24	11:38	Adm	RL	[Signature]
7/10/24	12:30	RL	Cath Lab	[Signature]
7/10/24	14:50	CATH LAB	ER	[Signature]

OPERATION THEATRE

Date	: 7/10/2024	OT No.	: Cath Lab - I
Surgeon	: DR - Gnanavelu	Start Time	: 12:10
I Asst. Surgeon	:	End Time	: 11:35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Princy	Arthroscopy	:
Name of Surgery	: CABG	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]

4785 19/10/24

HIBs Ag - Reactive

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

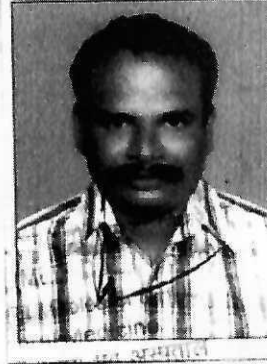
Referral No : Tamil2024051288
 Name of the Patient : Mr. Prakash
 UAN of IP : 12020_09_02\TN01.0003988089_QRC
 Address/Contact No : 100 USMAN ROAD T. Nagar Chennai Tamilnadu INDIA -
 Identification marks (if any) :
 IP/Beneficiary/Staff : IP
 Relationship with IP/Staff : Self
 Entitled for Specialty Rx : YES
 Entitled Super Specialty Rx : YES
 Diagnosis : ICD - 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 -
 13-Oct-2024

Insurance No/Staff/ Pensioner Card

: 5120768825

Age/Gender : 61 Years /Male

UHID : TN01 0002000000



Remarks Additional Clinical Information/Procedure/Investigation

CAD for Angiography

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lof

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Diagnostic Cardiology

Date & Time of Referral : 03 Oct-2024 02:11:29 PM

Name and Designation of the Referring Doctor

Dr. Krishna Venkatesh Baliga - PROFESSOR

On Agreeing to / contradicting the above, I voluntarily choose
 for my (relationship)

Hospital for treatment of self or

Date and Time:

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:

(AUTHORIZED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

ESIC HOSPITAL: K.K. NAG

000 078.

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.