RJ ESI

ESI

PCI

MHI/DP/2022/104

Medway Hospitals®
The way to bet
(A Unit of United Alliance H

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.PRAKASH (ESI)
61/Male/MHI202486228
10/10/2024/IP112024002397
Dr.G. GNANAVELU

Patient Nam
IP No. ____
Room No. _

D.O.A. 10/10/24 Time 10.28AM

TRANSFER DETAILS

Rent Per Day GIW

Date	Time	From	To	Nurse's Signature
10/10/24	11:15	Admission	2nd F-208	
10/10/24	14.15	IInd Floor/208	CATH LAB	
10/10/24	16.30pm	cath lab	CCU	
11/10/24	11:00	CCU	GENERAL WARD	

OPERATION THEATRE

Date	:	10/10/24	OT No.	:	Cath lab. -I
Surgeon	:	Dr. Gnanavelu	Start Time	:	15.10
I Asst. Surgeon	:		End Time	:	16.30.
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	RN. Panchavarnam	Arthroscopy	:	
Name of Surgery	:	PTCA	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	2ml 10ml/inj. monphi:
			Others	:	

MONITOR

Date	Start	Date	Disconnect
10/10/24	16.30	11/10/24.	11:00 .

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	Urea, Creat (13356)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
10/10/24	ECG 1 (13356)		
11/10/24	ECG 1 (13356)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
10/10/24	1 +1						
10/10/24	2 (13356)						
11/10/24	1 (13356)						
11/10/24	1+1						
12/10/24	1+1						

Date	PHYSIOTHERAPY

NEBULIZER - Duolin

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
10/10/24	1+1						
11/10/24	1+1+1						
12/10/24	1+1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU.	10/10/24	11/10/24	12/10/24				
Ms. Kavithara. S (Dietitian)	10/10/24	11/10/24					

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : 24398 / Sarath 12/10/2024

RETURNS CHECKED :

AMBULANCE

544 - PTCA - 82000 + stent

T - 1,07,800

16-10-24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Aarthi

Sister In-charge

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR,,CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM, KODAMBAKKAM,CHENNAI - 600024.

DL NO: 4001/MZII/20B: 4166/MZII/21B Ph: 044-48509190

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

Tax Invoice

To, **UNITED ALLIANCE HEALTH CARE PVT LTD, CARDIAC,**
KODAMBAKKAM
CHENNA 600024,
Ph.
TAMILNADU

Bill Date	Bill No & Page No		
11/10/24	**AUC/WS672 1/1**		
Terms	Salesman Name	Delivery Type	Salesman Phone
WB-WHOLE SALES			
GSTIN	DL No.		
33AABCU3941Q1ZZ	N.A		

SNo	Description	PCK	HSN/SAC	Batch No.	Exp	Qty	Free	GST %	GST	Rate	MRP	Disc %	Total
1	ONYX TRUCOR DES TRCR 35015X3.50X15	1	3004909	0012365478	07/27	1		5 % GST	1190.48	23809.52	25000.00		23809.52

ITEMS : 1	QTY : 1	BASE : 23809.52	SGST : 595.238	CGST : 595.2	GST : 1190.48	Amount : 23809.52
Category	Base	GST	Amount			
5%	23809.52	1190.48	25000.00	Adjustd Credit Note	DB 0 CR 0	
12%						
				PD 0	CD 0%	0
					Rounded Net Amount	25000.00

Remarks : PT: PRAKASH MHI: 2024002397 Dr.GNANAVELU

Amount in Words: Rupees TWENTY FIVE THOUSAND ONLY

Cheque in favour of AUCTUS LABS PVT LTD.,

For AUCTUS LABS PRIVATE LIMITED

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

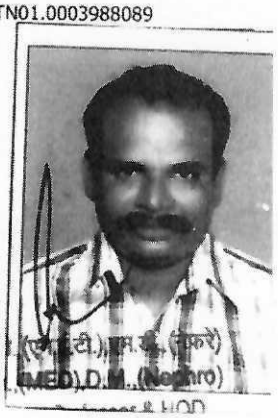
Referral Letter

J35H / KKN

DO NOT MUTILATE THE QR CODE

UID 6339011

Referral No	: Tamil2024052292	**Insurance No/Staff/ Pensioner Card**	: 5120768825
Name of the Patient	: Mr. Prakash .	**Age/Gender** : 61 Years /Male	**UHID** : TN01.0003988089
UAN of IP	: \2020_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)*	: 544 - Balloon coronary angioplasty/PTCA with VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 19-Oct-2024		



Remarks Additional Clinical Information/Procedure/Investigation Balloon coronary angioplasty/PTCA with VCD

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

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS
Department Diagnostic Cardiology

E.S.I.C. Medical College & Hospital, K.K.Nagar, Chennai-78 / K.K.Nagar

Date & Time of Referral : 09-Oct-2024 09:36:26 AM

Name and Designation of the Referring Doctor
Dr. Krishna VEnkatesh Baliga - PROFESSOR

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

Date and Time: 9/10

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:

9/10/24

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

2. ACARDIO

3. Dr. D...

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 mandatoriiy 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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