RJ
EJ

ESI Discharge on 17/10/24

PTCA

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better
(A Unit of United Alliance Health)

Medway Heart Institute
Where heart beat never stops...

Mr.GANESH G (ESI)
45/Male/MHI202486275
15/10/2024/IP112024002427
Dr.G. GNANAVELU

SAFETY FIRST

Patient Name

IP No. _____

Room No. _____

D.O.A. 15/10/24 Time 11.48 AM

Rent Per Day G/W.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
15/10/24	12.00	Admission	II ST Floor GI	
15/10/24	14.00	II ST Floor	cath lab	
15/10/24	16.15	cath lab	CCU	0233
16/10/24	10.30	CCU	2nd Floor GW	0282

OPERATION THEATRE

Date	: 15/10/24	OT No.	: cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 14.50
I Asst. Surgeon	:	End Time	: 15.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bavatharini	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
15/10/24	16.15	16/10/24	10.30

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
16/10/24	Urea, Creat (13551)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
15/10/24	ECG-1 (1355)		
16/10/24	ECG 1 (1355)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
15/10/24	1 (3612)						
15/10/24	1 (1355)						
16/10/24	1 (1355)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU	15/10/24	16/10/24	17/10/24				
Mrs. Catherine (Dietitian)	15/10/24	16/10/24	17/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 17028 / 4eeee 0178 RETURNS CHECKED : 17/10/24.	75353 + implant T- 1,00,353

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 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

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

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
16/10/2024	AUC/WS695 1/1
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 30018X3.0X18MM		30049099	0012349436	07/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52

ITEMS : 1 QTY : 1 BASE : 23809.52 SGST : 595.24 CGST : 595.24 GST : 1190.48 Goods Value: 23809.52

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	23809.52	595.24	595.24	25000.00		CR		
						CD	0.00	0.00
						Rounded Net Amount		**25000.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Twenty Five Thousand Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-GANESH-IP-2024002427-DR.GNANAVELU
Customer Outstanding: **129377770.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

4371 (CEA)

(Form 9-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

D 6340379

DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024052549 **Insurance No/Staff/ Pensioner Card** : 5114094922

Name of the Patient : Mr. G.GANESH **Age/Gender** : 45 Years /Male **UHID** : TN01.0000096378

UAN of IP :

Address/Contact No : 85/128,PRAKASH NAGAR 7TH CROSS ST PONNIAMMANMEDU CHENNAI Chennai

Identification marks (if any) : Tamilnadu 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)* : 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 20-Oct-2024

Remarks Additional Clinical Information/Procedure/Investigation PTCA to LAD

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

Dr. S. USHALAKSHMI, M.D. FMMC.

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS

Department Cardiology

Date & Time of Referral : 10-Oct-2024 09:45:27 AM

Name and Designation of the Referring Doctor

Ms. USHALAKSHMI S - Associate Professor

Dr. S. USHALAKSHMI, M.D. Associate Professor

Or,Agreeing to / contradicting the above, I voluntarily choose MEDWAY 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 / ENTITLED FOR SST

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

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

1.

2.

3.

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.

10-10-2024

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Ph: 9962277536
6369377736