Refff 881 ESI CAG.

MHI/DP/2022/104

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

Mr.DURAI M S (ESI)
55/Male/MH1202486295
10/10/2024/IPH2024002401
Dr.K.JAISHANKAR /

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name

IP No.

Room No. 881 RL

D.O.A. 10/10/12 Time 11:12.

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
10/10/24	11:12	Adm	RL	[illegible]
10/10/24	12:00	RL	Cathlab	[illegible]
10/10/12	12.30pm	cath lab	RL	[illegible]

OPERATION THEATRE

Date	: 10/10/24	OT No.	: cath lab - 2
Surgeon	: Dr - JS	Start Time	: 12.10pm
I Asst. Surgeon	:	End Time	: 12.30pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N [illegible]	Arthroscopy	:
Name of Surgery	: CAG	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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6478/- [signature] 10/10/24 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : [signature]	Sister In-charge

(Form P-1)

0324564

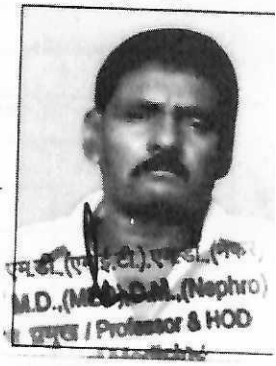
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024051285	**Insurance No/Staff/ Pensioner Card**	: 5126838085
Name of the Patient	: Mr M S Durai	**Age/Gender** : 55 Years /Male	**UHID** : ADYR.0000029646
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Spouse		
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		



Remarks Additional Clinical Information/Procedure/Investigation CAD for Angiography

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

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS

Department Diagnostic Cardiology

Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
Professor & HOD
E.S.I.C. Medical College & Hospital
K.K.Nagar, Chennai-78.

Date & Time of Referral : 03-Oct 2024 02:06:18 PM

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

Dr.Agreeing to / contradicting the above, I voluntarily choose MEDWAY. Hospital for treatment of self or Spouse for my (relationship).

Date and Time: 16/10/24

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:

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

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.