

ESI

CAG
MHI/DP/2022/104

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

BILLING CARD SAFETY FIRST



Patient Name

Mr. SENTHIL KUMAR K (ESI)

D.O.A. 10/10/24 Time 10.39 AM

IP No. _____

44/Male/MHI202486296

Room No. _____

10/10/2024; IPH2024002398

Dr. K. JAISHANKAR /



TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
9/10/24	10:40	Adm	RL	Shruti 2324
10/10/24	13:40	RL	CU	Shruti 2324
10/10/24	15:20 PM	CATH LAB	RL	Shruti

OPERATION THEATRE

Date	: 10/10/2024	OT No.	: Cath lab - I
Surgeon	: DR. JAISHANKAR	Start Time	: 14.25
I Asst. Surgeon	:	End Time	: 15.00 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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]



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024052191
 Name of the Patient : Mr. SETHILKUMAR K
 UAN of IP :
 Address/Contact No : 1, Gandhi Street Nanjeepuram Kanchipuram 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 -
 18-Oct-2024

Insurance No/Staff/ Pensioner Card : 5127763168
 Age/Gender : 44 Years /Male
 UHID : TNC 0012421207



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

Name and Designation of the Referring Doctor

Dr. Krishna VENkatesh Baliga - PROFESSOR

Date & Time of Referral : 08-Oct-2024 01:00:59 PM

Or, Agreeing to / contradicting the above, I voluntarily choose MEDWAY
 for my Self (relationship).

Hospital for treatment of self or

Date and Time: 9/10/24

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
 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 of 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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ph- 7339114910

08-10-2024