ESI

CAG

MHI/DP/2022/104

Medway Ho
The way to bett
(A Unit of United Alliance Hea

Mr.DEVA K (ESI)
64/Male/MHI202486297
10/10/2024/IPH2024002400
Dr.K.JAISHANKAR /

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Nam

IP No. _____

D.O.A. 10/10/24 Time 11:00AM

Room No. RL

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
10/10/24	11:00	Adm	RL	
10/10/24	12.40	RL	Cathlab.	
10/10/24	13.20	Cath lab	RL	

OPERATION THEATRE

Date	: 10/10/24	OT No.	: Cath lab II
Surgeon	: Dr. Jaishankar	Start Time	: 12.40
I Asst. Surgeon	:	End Time	: 13.10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abinaya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 5895/- 10/10/24 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR COD

Referral No	: Tamil2024051949	**Insurance No/Staff/ Pensioner Card**	: 5124380638
Name of the Patient	: Mr. Deva K	**Age/Gender** : 60 Years /Male	**UHID** : HKKN.0000147136
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 - Acute ischaemic heart disease, unspecified - I24.9 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 17-Oct-2024		

Remarks Additional Clinical Information/Procedure/Investigation

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

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

Date & Time of Referral : 07-Oct-2024 01:38:41 PM

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 Spouse (relationship).

Date and Time: 9/10

D Usha

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:

MEDICAL SUPERINTENDENT
E.S.I.C. HOSPITAL & RC
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.

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