CAG

ESI

MHI/DP/2022/104

BILLING CARD

Medway Hospitals
The way to better he
(A Unit of United Alliance Healthcare

Mr.SYED ALTAF ESI
54/Male/MHI202486335
14/10/2024/IPH2024002414
Dr.G. GNANAVELU /

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name
IP No.
Room No.

D.O.A. 14/10/24 Time 10:29AM

RC

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
14/10/24	10:40	OT	RC	
14/10/24	11.10	RC	Cath lab	
14/10/24	13.30pm	Cath lab	RC	G. Shyamala

OPERATION THEATRE

Date	: 14/10/24	OT No.	: Cath lab - 2
Surgeon	: Dr. Gnanavelu	Start Time	: 12.35pm
I Asst. Surgeon	:	End Time	: 13.20pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RIN Priya	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 : RETURNS CHECKED :	

8415 / Sam H 14/10/24

T-119051

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024052567	**Insurance No/Staff/ Pensioner Card**	: 5133187534
Name of the Patient	: Mr. Syed Altaf	**Age/Gender** : 54 Years /Male	**UHID** : TN01.0016262577
UAN of IP	:		
Address/Contact No	: YACOB STREET KASPA vellore 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 - 20-Oct-2024		

Dr. S. USHA

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. Ms. USHALAKSHMI S - Associate Professor

Date & Time of Referral : 10-Oct-2024 10:18:20 AM

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

Date and Time: _____

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:

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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10-10-2024

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