Ref/ESI

ESI

CAG

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mrs.SRIMATHI VENKATESA(ESI)
49/Female/MHI202486392
17/10/2024/IP112024002437
Dr.K.JAISHANKAR /

IP No. _____

Room No. _____

D.O.A. 17/10/24 Time 10:10AM

Cath closed

RL

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/10/24	10:10	ADM	RL	MS 02 HH
17/10/24	10:40	RL	Cath	MS 02 HH
17/10	11:00 AM	Cathlab	12 C	

OPERATION THEATRE

Date	: 17/10	OT No.	: Cathlab-1
Surgeon	: Dr. Jaishankar.	Start Time	: 11.00am
I Asst. Surgeon	:	End Time	: 11:30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RINNIYA	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 : 6285 +/. BILL CLEARED : RETURNS CHECKED : 17/10/24	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Aruthi

Sister In-charge

4426 ~~KAA~~ SMO

(For . P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CO

6352219

Referral No	: Tamil2024053405	Insurance No/Staff/ Pensioner Card	: 5130271603
Name of the Patient	: Ms. SRIMATHI VENKATESAN	Age/Gender : 49 Years /Female	UHID : HAY...
UAN of IP	:		
Address/Contact No	: s		
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 - Chronic ischaemic heart disease, unspecified - I25.9 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 26-Oct-2024		

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : LACK OF FACILITY

डॉ. पी. विजयराघवन
Dr. P. VIJAYARAGHAVAN,
सह प्राध्यापक/Associate Professor
सामान्य दवा विभाग/Dept. of General Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78/K.K. Nagar, Chennai

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

Date & Time of Referral : 16-Oct-2024 12:49:34 PM

Name and Designation of the Referring Doctor
Ms. KATHIRAVAN

डॉ. पी. विजयराघवन एम.डी.,
Dr. P. VIJAYARAGHAVAN, M.D.,
सह प्राध्यापक/Associate Professor
सामान्य दवा विभाग/Dept. of General Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78/K.K. Nagar, Chennai-78.

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

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) VERIFIED / CERTIFIED FOR SST
(Signature, Name & Designation) Committee Members
Date & Time: Signature & Name

1. ... dileevasan
2. ... DR. RANI. A
3. R. ...

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time 16/10/24

E.S.I.C. HOSPITAL, K.K. NAGAR,
चेन्नई-600 078.
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.

By : kaths11 16-10-2024

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