

ESI

CAG,

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. MARLM (ESI)

48/Male/MHI202486393

17/10/2024, IP112024002438

Dr. K. JAISHANKAR /

IP No.

Room No.

D.O.A. 17/10/24 Time 10.22 AM

Cesal surge

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
17/10/24	10:22 AM	ADM	RL	17/10/24
17/10/24	11:08	RL	Cesal	17/10/24
17/10/24	12:15	Cesal	RL	17/10/24

OPERATION THEATRE

Date	17-10-24	OT No.	Cesal
Surgeon	Dr. JI	Start Time	11:45 AM
I Asst. Surgeon		End Time	11:55 AM
II Asst. Surgeon		Dis. Pack	
III Asst. Surgeon		Diathermy	
Anaesthetist		C-Arm	
OT Nurse	Prigz RLW	Arthroscopy	
Name of Surgery	Cesal	Laprosopy	
		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



DO NOT MUTILATE THE QR

UHID: 6352242
Referral No: Tamil2024053230Insurance No/Staff/ Pensioner Card : 5120240421
Age/Gender : 53 Years /Male

UHID : TN01.0004892574

Name of the Patient : Mr. MARI.M
UAN of IP :
Address/Contact No : NO 7A/80, SADAIYAN KUPPAM, COLONY 3rd STREET, THIRUVOTTIYUR.
Identification marks (if any) : CHENNAI Chennai Tamilnadu INDIA
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
CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /
Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto 25-Oct-2024

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lack of facility

Name of the empanelled hospital whereto refer

Hospital
DepartmentMEDWAY HOSPITALS
Cardiology

Date & Time of Referral : 15-Oct-2024 12:49:42 PM

Name and Designation of the Referring Doctor
Dr. KOTHAJ GNANAMOORTHY Associate Professor
Siddhant Medical College & Hospital
ChennaiOr, Agreeing to / contradicting the above, I voluntarily choose MEDWAY
for my (relationship).

Date and Time: 15/10/24

Hospital for treatment of self or

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:

Signature

DR. RAVI

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

MEDICAL SUPERINTENDENT

ESIC HOSP

N.B.

The entitlement eligibility of that patient should also be verified through IP Portal at www.esic.in. Referral is governed by the rules and administrative instructions issued from time to time. Referred Hospital is instructed to 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 issue 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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