

Total No. of Pages - 51

①



THE MADRAS MEDICAL MISSION

CONSENT FOR EMERGENCY PROCEDURE AND PAYMENT COMMITMENT

From BISWAJEET NAYAK

PATIENT'S NAME: Mr/Mrs/Ms.

UHID:

Mrs. MANJULA NAYAK
20240100088 / 58 Years/ F

DATE: 2/01/2024



ADDRESS: 522, G.N.T Road,
S.R.Kandigai, Guimmidipundi - 601201

To
The Madras Medical Mission
Mogappair, Chennai - 600037

Dear Sir/Madam,

Sub: Consent for Primary PCI for Acute Coronary Syndrome

This is to inform you that my Mother (Relationship) named: MANJULATA NAYAK.
UHID No: 20240100088. Age: 58. Sex: M/F residing at the above mentioned address is admitted in CCU on 02.01.2024 at 11:50 A.M. The attending doctor has advised the patient to undergo an emergency Primary Angioplasty. I hereby express my consent to undergo the procedure immediately. I have been explained about the tariff for various categories as under:

Category	General Ward	Semi-Private	Private	Deluxe	Super Deluxe
Approximate Estimate	2,20,000/-	2,75,000/-	3,50,000/-	5,00,000/-	5,50,000/-

*Cost of one stent, one guide wire, one guiding catheter and one balloon catheter is included in the above estimate and over & above will be charged extra as per actual consumption. Special items like IABP, Imaging (OCT/IVUS/FFR), etc if required also will be beyond this estimate.

Category Opted (To be filled by the Patient Attendant):

GENERAL WARD

UNDERTAKING

I hereby agree and assured that any payment due to the hospital as per the estimate given above will be settled within 24 hours from the time of admission.

Thanking you

Staff Nurse Signature:

Sheeba M

Front Of ice Staff Signature:

Asha

Yours faithfully,

Name: BISWAJEET NAYAK

Relationship to patient: SON

Signature of Witness:

B Jayak

Address: 522, G.N.T Road, S.R.Kandigai,
Mobile No: 601201

9884882692

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP
Policy
B Jayak 10/01/2024

2



THE MADRAS MEDICAL MISSION

Unit : Institute of Cardio - Vascular Diseases

Advisor

Dr.Mathew Samuel Kalarickal,MD.,DM.,DSC(Hons.)

Dept.of Cardiothoracic Surgery

Adult

Dr.S.Rajan MS.,MCh.,FRCS(Edinburgh)

Dr.V.M.Kurian MS.,MCh.,DPMR

Dr.Vijith Koshy Cherian, MS(Gen Surg),DNB(Gen Surg),MCh

Dr.Jacob Jamesraj,MS, MCh

Dr.S.Suresh Kumar, MS, MCh

Dr.C.Arumugam, MS.,MCh,Fellow - MICS and Transplant

Dept.of Cardiology

Adult

Dr.S.Mullasari Ajit MD,DM,DNB,FRCP

Dr.K.Latchumanadhas MD.,DM

Dr.Ulhas M.Pandurangi MD.,DM

Dr.J.Ezhilan MD,DM,DNB,FNB

Dr.S.R.Ramkumar MD.,DNB

Dr.U.Kalaihelvan,MD,DNB,FNB(Interv.Card)

Dr.P.Balaaji,MD,DNB,FNB

Dept.of Cardiac Anesthesia & Critical Care

Dr.Benjamin Ninan DA.,MD

Dr.N.Kanagarajan MD

Dr.D.I.Sujatha DA.,DNB.,FNB

Dr.C.Kumar,DA,DNB,PDCC,FTEE

Dr.S.Parameswaran MBBS,MD,PGDH

Paediatric

Dr.Ravi Agarwal ,MS,MCh.

Paediatric

Dr.K.Sivakumar MD,DCH,DNB(Pead.)DM,DNB(Card)

Dr.Sreeja Pavithran DCH,MD,DNB(Pead.),FNB(Pead.Card)

Dr.Srinivasan
Narayanan,MD(Medicine),DNB(Card),FNB(Interv.Card)
Dr.V.NandhaKumar MD,DNB(Card),FNB(Interv.Card)
Dr.Aashish Chopra MD,DM

DISCHARGE SUMMARY

UHID :	20240100088C	AGE/SEX :	58 Years / F	IP No:	202401020041
NAME :	MRS. MANJULATA NAYAK			DOA :	02/01/2024
ADDRESS :	242, BIRAMANIPUR, BYASANAGAR,,JAJPUR ROAD, JAJPUR,755019			DOD :	05/01/2024
PHONE NO. :	9884882692				

DOP: 02/01/2024

DIAGNOSIS :

ACUTE CORONARY SYNDROME

ADEQUATE LV SYSTOLIC FUNCTION (EF-53%)

NORMAL RV SYSTOLIC FUNCTION

TYPE 2 DIABETES MELLITUS

SINUS RHYTHM

PROCEDURE :

1.CORONARY ANGIOGRAM DONE ON 02/01/2024 WHICH SHOWED CORONARY ARTERY DISEASE - LEFTMAIN WITH DOUBLE VESSEL DISEASE

Claimed for - United India Insurance Co. Ltd. Under VERIZON Group Policy

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.

Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999

E-mail : icvddoctors@mmm.org.in Website : http://www.mmm.org.in



B Jayalalithaa
10/01/2024



THE MADRAS MEDICAL MISSION

Unit : Institute of Cardio - Vascular Diseases

3

UHID: 20240100088C / (58 Years/F)

IP NO: 202401020041

NAME: MRS. MANJULATA NAYAK

- LCA ANGIO SHOWS 90% OSTIAL LEFT MAIN DISEASE
- LAD IS TYPE III VESSEL AND HAS 70% STENOSIS IN MID SEGEMENT. DISTAL LAD IS FREE OF FLOW LIMITING DISEASE.
- LCX IS NON-DOMINANT AND GIVES RISE TO OM_s. LCX AND BRANCHES ARE FREE OF FLOW LIMITING DISEASE
- RCA IS DOMINANT AND GIVES RISE TO PDA AND PLV BRANCHES. PLV IS SMALL VESSEL. PDA HAS MID SEGMENT 90% STENOSIS.

2. SUCCESSFUL RIGHT TRANSFEMORAL PRIMARY PTCA WITH STENT DEPLOYMENT DONE TO LM - LAD USING 4.0 x 18 mm, 3.0 x 38 mm ULTIMASTER NAGOMI STENTS WITH IVUS GUIDANCE DONE ON 02/01/2024



BRIEF HISTORY :

MRS. MANJULATA NAYAK, 58 years old female patient, a known case of type 2 diabetes mellitus presented to emergency with complaints of left sided chest pain, burning type radiating to throat, left shoulder and arm on and off for past 3 days. Her pain aggravated from this morning associated with nausea, initially went to nearby clinic ECG showed ACS changes, hence referred MMM for further management.

PAST MEDICAL HISTORY: History of Type 2 diabetes mellitus for 6 years on regular medications.

O/E :

Patient conscious, oriented.

Afebrile

Pulse: 92/min

BP: 150/90mm Hg

CVS: S1 S2 (+)

RS: Bilateral air entry (+)

CNS: NFND

P/A: Soft, BS (+), no organomegaly



INVESTIGATIONS :

BLOOD :

Hematology Lab Tests

Test	Values	Units	Normal Ranges
HbA1C	7.7	%	American Diabetes Association(ADA), Non-Diabetic : <5.7, Pre Diabetic : 5.7 - 6.4, Diabetic : >=6.5,, Therapeutic Goal :, Goal Of Therapy : 6.5 - 7.5
Estimated Average Glucose	174.29	mg/dL	
Haemoglobin	12.3	g/dL	Male:13.7 - 17.5, Female:11.2 - 15.7

Claimed for - United India Insurance Co. Ltd. Under VERIZON GROUP Policy

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.

Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999

E-mail : icvddoctors@mmm.org.in Website : <http://www.mmm.org.in>




10/01/2024



THE MADRAS MEDICAL MISSION
Unit : Institute of Cardio - Vascular Diseases

UHID: 20240100088C / (58 Years/F)

IP NO: 202401020041

NAME: MRS. MANJULATA NAYAK

Total WBC Count	10000	cells/cumm	4000 - 10000
Total RBC Count	4.54	million/cumm	Male:4.63 - 6.08, Female:3.93 - 5.22
Polymorphs	53.1	%	40 - 70
Lymphocytes	41.0	%	20 - 40
Monocytes	3.4	%	2 - 10
Eosinophils	2.0	%	0 - 6
Basophils	0.5	%	0 - 1
Platelet Count	2.12	lakhs/cumm	1.5 - 4.1
Packed Cell Volume	38.5	%	Male:40.1 - 51.0, Female:34.1 - 44.9
Mean Corpuscular Volume (MCV)	84.8	fL	Male:79.0 - 92.2, Female: 79.4 - 94.8
Mean Corpuscular Haemoglobin (MCH)	27.1	pg	Male:25.7 - 32.2, Female: 25.6 - 32.2
Mean Corpuscular Haemoglobin Concentration (MCHC)	31.9	g/dL	Male:32.3 - 36.5, Female: 32.2 - 35.5
Erythrocytes			Male:17 to 50 -Upto 10, : 51 to 60 -Upto 12, : 61 to 70
Sedimentation Rate (ESR)	18	mm/hour	-Upto 14, :>70 -Upto 30, Female: 17 to 50 -Upto 12, : 51 to 60 -Upto 19, : 61 to 70 -Upto 20, >70 -Upto 35
RDW-CV	13.1	%	Male:11.6 - 14.4, Female: 11.7 - 14.4

Biochemistry Lab Tests

Tests	Values	Units	Normal Ranges
Total Bilirubin	0.55	mg/dL	Adults:0.2 - 1.3, Neonates:1.0 - 10.5
Direct Bilirubin	0.18	mg/dL	Neonates:0.0 - 0.6, Adult:0.0 - 0.3
Indirect Bilirubin	0.37	mg/dL	Adult:0.0 - 1.1, Neonates:0.6 - 10.5
Total Protein	7.4	g/dL	6.3 - 8.2
Albumin	4.4	g/dL	3.5 - 5.0
Aspartate Transaminase (SGOT)	33	U/L	15 - 46
Alanine Transaminase (SGPT)	24	U/L	Male : < 50, Female : < 35
Gamma Glutamyl Transferase (GGT)	31	U/L	Male:15 - 73, Female:12 - 43
Alkaline Phosphatase	80	U/L	Adult:38 - 126, Pediatric:, 4 - 15Yrs:54 - 369

Coagulation Lab Tests

Tests	Values	Units	Normal Ranges
APTT Patient Value	29.7	sec	25.0 - 31.3

Claimed for United India Insurance Co. Ltd under VERIZON Group policy

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.
 Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999
 E-mail : icvddoctors@mmtt.org.in Website : http://www.mmtt.org.in



B Jayal
 10/01/2024



THE MADRAS MEDICAL MISSION

Unit : Institute of Cardio - Vascular Diseases

UHID: 20240100088C / (58 Years/F)

IP NO: 202401020041

NAME: MRS. MANJULATA NAYAK

APTT Control Value	26.1	sec	
APTT Ratio	1.14		
Prothrombin Time	10.8	sec	9.8 - 12.1
INR	0.92		Therapeutic Range : 2.0 - 4.0
Control	11.7	sec	

Biochemistry Lab Tests

Tests	Values	Units	Normal Ranges
Urea	21	mg/dL	Male:19 - 43, Female:15 - 36
Creatinine	0.55	mg/dL	Male:0.66 - 1.25, Female:0.52 - 1.04
Sodium	141	mmol/L	137 - 145
Potassium	4.32	mmol/L	3.5 - 5.1
Chloride	99	mmol/L	98 - 107
Bicarbonate	26	mmol/L	22 - 30
Calcium	9.4	mg/dL	8.4 - 10.2
Phosphorous	3.4	mg/dL	2.5 - 4.5
Magnesium	1.7	mg/dL	1.6 - 2.3

CXR : B/L CLEAR LUNG FIELDS.

ECG : ON ADMISSION: SINUS RHYTHM, HR - 92BPM, ST ELEVATION IN II, III, AVF

POST PTCA SERIAL ECG: SINUS RHYTHM, HR - 102BPM, T WAVE INVERSION IN III, AVF, NO FRESH ST-T CHANGES

ECHO : 03/01/2024 : S/P PTCA : MILDLY DILATED LA. REGIONAL WALL MOTION ABNORMALITY PRESENT-BASAL INFERIOR HYPOKINETIC. ADEQUATE LV SYSTOLIC FUNCTION. NORMAL RV SYSTOLIC FUNCTION. NO CLOT / VEGETATION / EFFUSION.

COURSE IN THE HOSPITAL :

MRS. MANJULATA NAYAK, 58 years old female patient, was admitted with above mentioned complaints. She was diagnosed with Acute coronary syndrome, adequate LV systolic function. She was initially managed with DAPT, statins, anti coagulants and other supportive medications. In view of persistant pain she was taken up for primary PTCA. Patient and attenders were clearly explained about the need of primary PCI and associated risk factors such as VF, VT and sudden cardiac death and also need for IABP in case of worsening hemodynamics. After obtaining informed consent, she underwent SUCCESSFUL PRIMARY PTCA WITH STENT DEPLOYMENT DONE TO LM - LAD USING 4.0 x 18 mm, 3.0 x 38 mm ULTIMASTER NAGOMI STENTS WITH IVUS GUIDANCE ON 02/01/2024. Her post procedural period was uneventful. Patient and attenders were clearly explained about the need of strict continuation of dual antiplatelets and statins and risk of instant restenosis has also been clearly explained. His medications are optimised and he was discharged in a stable clinical status. With above line of management patient symptomatically improved

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy 4-A, Dr. J.Jayalalithaa Nagar, Mugappair, Chennai - 600 037, India.
Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999

E-mail : icvddoctors@mmm.org.in Website : <http://www.mmm.org.in>



*Blangat
10/01/2024*



THE MADRAS MEDICAL MISSION

Unit : Institute of Cardio - Vascular Diseases

6

UHID: 20240100088C / (58 Years/F)

IP NO: 202401020041

NAME: MRS. MANJULATA NAYAK

symptomatically improved and is now discharge in a stable clinical condition.

PRESCRIPTION DETAILS						
S.NO	DRUG NAME (GENERIC NAME) IN CAPITAL	DOSAGES	FREQUENCY	ROUTE	RELATIONSHIP WITH MEAL	DURATION
DRUGS TO BE CONTINUED TILL NEXT REVIEW						
1	TAB. ECOSPRIN (ASPIRIN)	75 MG	0-1-0	ORAL	AFTER FOOD	TILL REVIEW
2	TAB. BRILINTA (TICAGRELOR)	90 MG	1-0-1	ORAL	AFTER FOOD	TILL REVIEW
3	TAB. NOVASTAT (ROSVASTATIN)	40 MG	0-0-1	ORAL	AFTER FOOD	TILL REVIEW
4	TAB. BETALOC (METOPROLOL)	25 MG	1-0-1	ORAL	AFTER FOOD	TILL REVIEW
5	TAB. FLAVEDON MR (TRIMETAZIDINE HCL)	35 MG	1-0-1	ORAL	AFTER FOOD	TILL REVIEW
6	TAB. NIKORAN OD (NICORANDIL)	10 MG	1-0-0	ORAL	AFTER FOOD	TILL REVIEW
7	TAB. PANTOCID (PANTAPRAZOLE)	40 MG	1-0-0	ORAL	30 MINUTES BEFORE FOOD	TILL REVIEW
8	TAB. ANXIT (ALPRAZOLAM)	0.25 MG	0-0-1	ORAL	AFTER FOOD	3 DAYS
9	SYP. DUPHALAC	15 ML	0-0-1	ORAL	AFTER FOOD	SOS
DIABETIC DRUGS TO BE CONTINUED TILL NEXT REVIEW						

S.NO	ADVICE ON DISCHARGE	
1	DIET	LOW SALT, LOW FAT AND DIABETIC DIET
2	RESTRICTED FLUID(RF)- LV DYSFUNCTION	2000ML/DAY
3	PHYSICAL ACTIVITY	AVOID STRENUOUS ACTIVITY
4	FOLLOW UP	REVIEW WITH DR.U.KALAICELVAN AFTER 1 MONTH ON 09/02/2024 IN THE OUTPATIENT DEPARTMENT WITH UREA, CREATININE, SODIUM, POTASSIUM, HB AND ECG REPORTS.

Claimed for- United India Insurance Co. Ltd. under VERIZON Group policy

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.

Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999

E-mail : icvddoctors@mmm.org.in Website : <http://www.mmm.org.in>



Bla...
10/01/2024



THE MADRAS MEDICAL MISSION

Unit : Institute of Cardio - Vascular Diseases

UHID: 202401000888 / (88 Years/F) IP NO: 202401020041 NAME: MRS. MANJULATA NAYAK

Please call in case of Emergency : 044 - 26568035 / 26568001
 அவசர சேவைக்கு தொடர்பு கொள்ள வேண்டிய தொலைப்பேசி எண்கள் : 044 - 26568035 / 26568001

Fever more than (101°F)	காய்ச்சல் (101°F) மெலிருந்தால்
Palpitations	படபடப்பு
Vomiting	வாந்தி
Breathing Difficulty	கவாசிப்பதில் சிரமம்
Altered level of consciousness	சுய உணர்வு நிலை மாற்றப்படும் பொழுது
Redness / Discharge from the Operative Wound	அனுநீர் சிகிசை செய்த பகுதியிலிருந்து நீர் / சீழ் / ரத்தம் வெளியேறினால்
Other Significant Concerns	வேற்றும் புதிய அறிகுறிகள் ஏற்பட்டால்

To help us serve you better, Please fix your appointment at the front office before the next visit.

Call Toll Free No:- 1800 1235 99999

Direct Line : - 044 40128000 / 26568000 / 66738000 / 66738229 / 26568229

உங்களுக்கு சிறப்பான சேவை செய்ய, அடுத்த வருகைக்கு முன் எவ்வள் மருத்துவமனையில் உங்கள் வருகையை முன்பட்டில் செய்துகொள்ளுங்கள்.

இலவச தொலைப்பேசி எண்: 1800 1235 99999

இதர தொலைப்பேசி எண்கள்: 044 40128000 / 26568000 / 66738000 / 66738229 / 26568229

DR.U.KALAICHELVAN,MD.,DNB,FNB(INTERVENTIONAL CARDIOLOGY),,
 SENIOR CONSULTANT CARDIOLOGIST
 REG.NO:65077

DISCHARGE SUMMARY HANDOVER DETAILS :

DATE & TIME :

RECEIVED BY

RELATIONSHIP:

SIGN :

For home delivery of medicines from MMM Pharmacy, Please whats app prescription to 73388 22440

Claimed for - United India Insurance Co. Ltd. under VERIZON GROUP

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.

Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999

E-mail : icvddoctors@mmm.org.in Website : <http://www.mmm.org.in>

Policy⁶



Blayak
10/01/2024



THE MADRAS MEDICAL MISSION
Unit : Institute of Cardio - Vascular Diseases

ID : 20240100088C	Name : Mrs. MANJULATA NAYAK
Age : 58	Sex : Female

DEPARTMENT OF CARDIOLOGY

PERMANENT ADDRESS

W/O-MR-RAJENDRA KUMAR NAYAK
 242, BIRAMANIPUR, BYASANAGAR,
 JAJPUR ROAD, 755019

INTERVENTIONAL PROCEDURE REPORT

PROCEDURE: PRIMARY ANGIOPLASTY + STENT TO LM - LAD WITH IVUS GUIDANCE

DATE: 02/01/2024

CATH NUMBER: 81758

PTCA NUMBER: 23657

TIME STARTED: 6:00 PM

TIME FINISHED: 6:55 PM

DONE BY: DR. KALAICHELVAN U
 DR. ASHWIN

ASSISTED BY: SR. KEERTHANA

TECHNICIANS: MR. SURYA

PHYSICIAN ASSISTANT: MR. SHIBIN

HEART RATE: 95beats/min

MEDICATIONS: INJ HEPARIN 7000 IU

PRE AORTA (S/E/M): 140/80/110mm Hg

APPROACH: RIGHT FEMORAL ARTERY

CORONARY ANGIOGRAM:

LCA ANGIO SHOWS 90% OSTIAL LEFT MAIN DISEASE.

LAD IS TYPE III VESSEL AND HAS 70% STENOSIS IN THE MID SEGMENT.

DISTAL LAD IS FREE OF FLOW LIMITING DISEASE.

LCX IS NON-DOMINANT AND GIVES RISE TO OMs.

LCX AND BRANCHES ARE FREE OF FLOW LIMITING DISEASE.

RCA IS DOMINANT AND GIVES RISE TO PDA AND PLV BRANCHES.

PLV IS SMALL VESSEL. PDA HAS MID SEGMENT 90% STENOSIS.

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP Policy

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.
 Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999
 E-mail : icvddoctors@mnm.org.in Website : <http://www.mnm.org.in>



Blayak
 10/01/2024



THE MADRAS MEDICAL MISSION

Unit : Institute of Cardio - Vascular Diseases

9

ID : 20240100088C	Name : Mrs. MANJULATA NAYAK
Age : 58	Sex : Female

LESION1:

VESSEL: OSTIAL LM AND MID LAD,
STENOSIS: 90% AND 70%, TYPE C,
GUIDING CATHETER: 6F JL 3·0,
GUIDE WIRE: 0·014" RUNTHROUGH,
PREDILATATION: 3·0 x 12 mm NC PANTERA LEO UPTO 14 ATM,
STENT: 4·0 x 18 mm ULTIMASTER NAGOMI AT 11 ATM
 3·0 x 38 mm ULTIMASTER NAGOMI AT 11 ATM
SABA: 4·5 x 12 mm NC PANTERA LEO UPTO 16 ATM
 3·0 x 12 mm NC PANTERA LEO UPTO 18 ATM

COMMENTS:

PROCEDURE DONE UNDER LOCAL ANAESTHESIA THROUGH RIGHT FEMORAL APPROACH. LCA WAS ENGAGED AND LESION IN THE OSTIAL LEFT MAIN AND MID LAD WERE CROSSED. PREDILATATIONS WERE DONE TO LEFT MAIN USING 3·0 x 12 mm NC PANTERA LEO UPTO 14 ATM. STENT DEPLOYMENT WAS DONE FROM LEFT MAIN TO PROXIMAL LAD USING A 4·0 x 18 mm ULTIMASTER NAGOMI AT 11 ATM. IVUS PULLBACK FROM LAD TO LEFT MAIN SHOWED SIGNIFICANT FIBROUS LEISON IN MID LAD AND UNDER EXPANSION IN LEFT MAIN. PROXIMAL OPTIMIZATION WAS DONE TO LEFT MAIN WITH 4·5 x 12 mm NC PANTERA LEO UPTO 16 ATM. POST STENT DILATATIONS WERE DONE TO LAD WITH 3·0 x 12 mm NC PANTERA LEO UPTO 14 ATM.

STENT DEPLOYMENT WAS DONE TO MID LAD USING A 3·0 x 38 mm ULTIMASTER NAGOMI AT 11 ATM OVERLAPPING THE PROXIMAL STENT. POST STENT DILATATIONS WERE DONE WITH 3·0 x 12 mm NC PANTERA LEO UPTO 18 ATM. FINAL IVUS SHOWED WELL EXPANDED STENT WITH NO MALAPPOSITION OR EDGE DISSECTION. FINAL ANGIOGRAM SHOWED NO RESIDUAL STENOSIS WITH GOOD ANTEGRADE FLOW. THE PROCEDURE WAS UNEVENTFUL. PATIENT SHIFTED WITH STABLE HEMODYNAMICS.

RESULT: NO FLAP / DISSECTION

VESSEL	PRE%	POST%
OSTIAL LM	90	0
MID LAD	70	0

IMPRESSION:

SUCCESSFUL PRIMARY PTCA WITH STENT DEPLOYMENT DONE TO LM - LAD WITH IVUS GUIDANCE

PLAN:

TO CONTINUE DUAL ANTIPLATELETS


 DR.KALAICHELVAN, MD.,DNB,JNB
 SENIOR CONSULTANT CARDIOLOGIST

Claimed for - United India Insurance Co. Ltd under VERIZON Group policy

4-A, Dr. J.Jayalithaa Nagar, Mogappair, Chennai - 600 037, India.
 Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999
 E-mail : icvddoctors@mmm.org.in Website : <http://www.mmm.org.in>




 10/01/2024

10

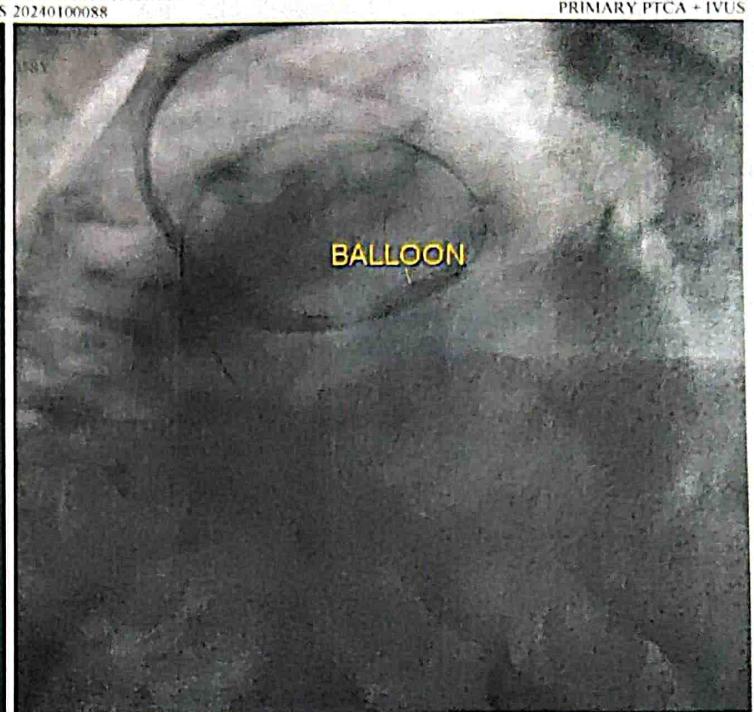
Patient Name: MANJULA NAYAK 58Y F
 Patient ID: 20240100088
 Per Physician: DR KALAICHELVAN

Age/Sex: 58 Years/F
 Study Date: 02-Jan-2024

AlluraXper
 Ex R202401021733152
 Sc 3/38
 Inj 1/1
 MANJULA NAYAK 58Y F
 20240100088

MADRAS MEDICAL MISSION,CHENNAI AlluraXper
 869mA Ex R202401021733152
 Acq Tim 17:43:46 Se 7/38
 75.487kV Im 1/1
 512 X 512 MANJULA NAYAK 58Y F
 PRIMARY PTCA + IVUS 20240100088

MADRAS MEDICAL MISSION,CHENNAI
 802mA
 Acq Tim 18:01:42
 83.361kV
 512 X 512
 PRIMARY PTCA + IVUS



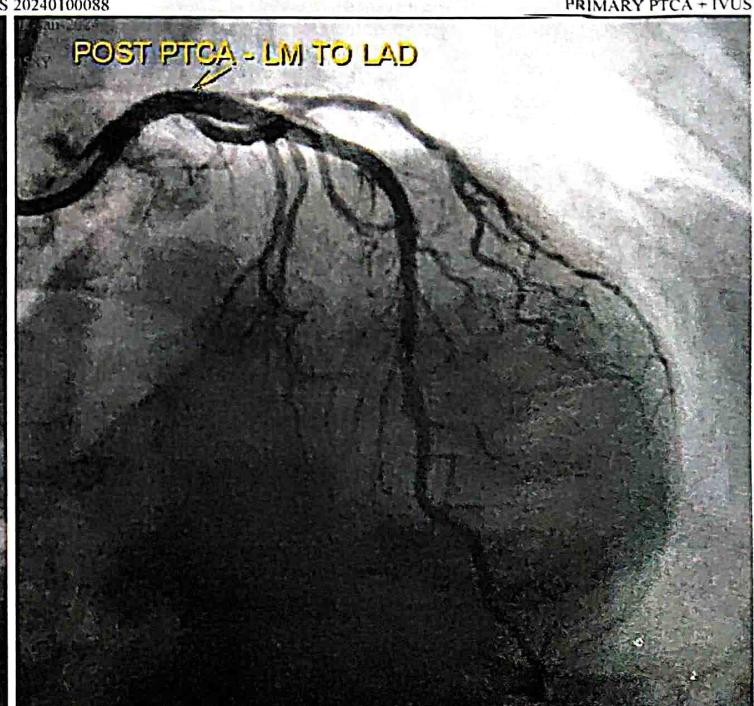
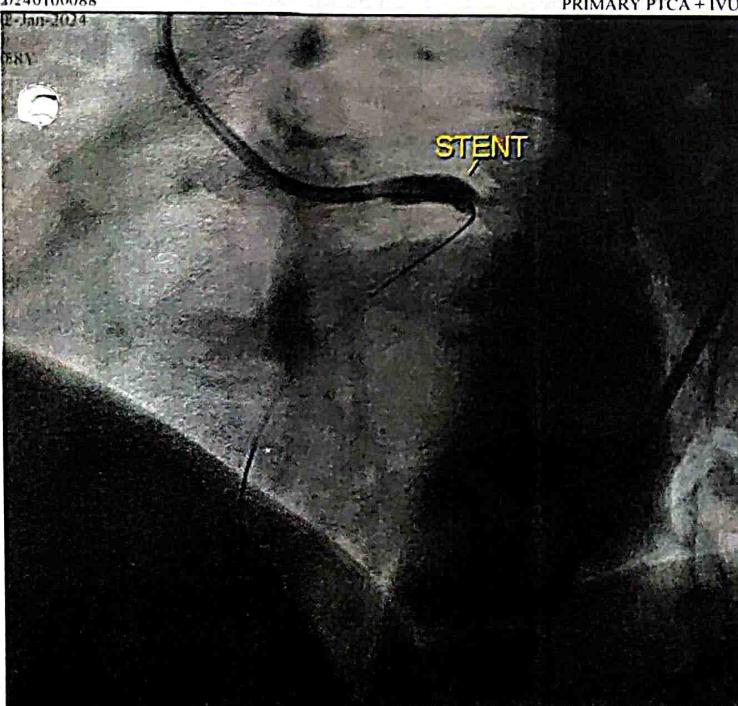
Left Coro 15 fps Normal
 AccA202401021733152
 17:33:26
 DR KALAICHELVAN

Left Coro 15 fps Normal
 AccA202401021733152
 17:33:26
 DR KALAICHELVAN

AlluraXper
 Ex R202401021733152
 Sc 12/38
 Inj 1/1
 MANJULA NAYAK 58Y F
 20240100088

MADRAS MEDICAL MISSION,CHENNAI AlluraXper
 653mA Ex R202401021733152
 Acq Tim 18:04:18 Sc 36/38
 71.236kV Im 1/2/1
 512 X 512 MANJULA NAYAK 58Y F
 PRIMARY PTCA + IVUS 20240100088

MADRAS MEDICAL MISSION,CHENNAI
 851mA
 Acq Tim 18:35:37
 75.472000000000kV
 512 X 512
 PRIMARY PTCA + IVUS



Left Coro 15 fps Normal
 AccA202401021733152
 17:33:26
 DR KALAICHELVAN

Left Coro 15 fps Normal
 AccA202401021733152
 17:33:26
 DR KALAICHELVAN

Claimed for - United India Insurance Co. Ltd under VERIZON Group Policy

Balaik
 10/01/2024



THE MADRAS MEDICAL MISSION

Unit : ICVD / IRM / IKUOT / IGLD

Implantation Record

Name of the Patient : Mrs. Manjula Nayak.

Age : 58Y

Sex : Female

UHID No. : 00240100088

Date of Procedure / Surgery : 02/01/2024

Nature of Procedure / Surgery : Primary PCTA

Name of the Implant : DES

Site of Implantation : LRY - LAD

Name of the Consultant / Surgeon : Dr. Kalachukran.

Implantation Details :

Size :

Batch No. :

Manufacturer Date :

Expiry Date :

Implantation Stickers :

Ultimaster Nagomi 4.0-18
 REF DE-RS4018ASM LOT 230720
 UDI (01)05413206252220(17)250630(10)230720

Ultimaster Nagomi 3.0-38
 REF DE-RS3038ASM LOT 230725
 UDI (01)05413206252398(17)250630(10)230725

Signature of the Doctor with Registration No.

RECEIVING DETAILS :

Name of the Patient / Relative :

Signature :

Date :

Time :

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy

MR-96

Blayat
10/01/2024

H-25P



12

THE MADRAS MEDICAL MISSION
Unit : Institute of Cardio - Vascular Diseases

NAME : Mrs. MANJULATA NAYAK (58 Years/Female) **UHID :** 20240100088C

Address : 242, BIRAMANIPUR, BYASANAGAR,,JAJPUR
ROAD,
JAJPUR - 755019

AGE/SEX : 58 Years/Female

Admission Date : 02/01/2024

DATE : 05/01/2024

DIABETIC DISCHARGE ADVICE

HbA1C : 7.7%

WEIGHT : 69 Kgs

S.CREATININE : 0.55mg/dl

eGFR : 107ml/min/1.73m²

DIET MODIFICATION / PHYSICAL ACTIVITY AS ADVISED :

DISCHARGED MEDICATIONS :

S.NO	MEDICATION	DOSAGES	FREQUENCY	RELATIONSHIP WITH MEAL	DURATION
1.	TAB. UDAPA M	10/500 mg	1 - 0 - 0	BEFORE FOOD	TILL REVIEW
2.	CAP. DIAPRIME PLUS	1 CAP	0 - 0 - 1	AFTER FOOD	TILL REVIEW

SELF MONITORING BLOOD GLUCOSE AT HOME USING GLUCOMETER

PLEASE CALL EMERGENCY -- 044-26568035/ 26568000 (Ext 2011/2012)

IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

WARNING SIGN:

- 1.INCREASE SWEATING / SHIVERING / PALPITATIONS
- 2.INCREASED HUNGER / ALTERED SENSORIUM
- 3.ALTERED LEVEL OF CONSCIOUSNESS / BLURRED VISION

MANAGEMENT : Give to 4-5 spoons of sugars (or) 1 glass of juices or
Tablet HYPOTAB 3 stat. And call emergency for further assistance.

Review with Diabetology Dept. with FBS/PPBS/UREA/Creatinine reports after 4 weeks with prior appointment.
For Enquiry and Appointment :044-26568000/26568229

DR.RAMANAN.A(Regd No.93508)
ASSOCIATE CONSULTANT

Appointment Date:09/02/2024

Claimed for - United India Insurance co.ltd under VERIZON GROUP policy

4-A, Dr. J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037, India.

Ph : + 91 - 44 - 26568000, 6673 8000, 4012 8000, Toll Free No. 1800 123 599 999

E-mail : icvddoctors@mmm.org.in Website : <http://www.mmm.org.in>



B Jayakar
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



13

NAME : MRS. MANJULATA NAYAK
UHID : 20240100088
LAB NO. : 241000980
CONSULTANT : Dr.KALAICHELVAN U
WARD/ROOM : III Floor (Executive Floor)/308/A

IP No : 202401020041
AGE / SEX : 58 Years / Female
BLOOD COLLECTION DT: 03/01/2024 21:21:00
SAMPLE RECEIVED DT. : 03/01/2024 21:21:12
RESULT ENTERED DT. : 03/01/2024 22:05:30

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Creatine Kinase (CK) Method : CREATINE PHOSPHATE/ GK /GPO / POD Specimen : Serum/Plasma	136	U/L	Male:55 - 170 Female:30 - 135
Troponin I Method : ECLIA Specimen : Serum/Plasma	1.29	ng/mL	Upto 0.034 AMI Cut-off 0.120
CKMB(Mass) Method : ENHANCED CHEMILUMINESCENCE Specimen : Serum	2.62	ng/mL	Serum - upto 3.38

--END OF REPORT--

Reported Date : 04/01/2024 10:54:10

Dr.S.SENTHIL KUMARAN,MD (BIO)

Sr.Consultant - Biochemistry

N. Chitra S.

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

India
Claimed for- United Insurance Co. Ltd under VERIZON Group policy 1 of 1

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blagay
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



14

NAME : MRS. MANJULATA NAYAK
UHID : 20240100088
LAB NO. : 241001200
CONSULTANT : Dr.KALAICHELVAN U
WARD/ROOM : III Floor (Executive Floor)/308/A

IP No : 202401020041
AGE / SEX : 58 Years / Female
BLOOD COLLECTION DT: 04/01/2024 08:59:20
SAMPLE RECEIVED DT. : 04/01/2024 08:59:28
RESULT ENTERED DT. : 04/01/2024 09:39:32

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Creatine Kinase (CK) Method : CREATINE PHOSPHATE/ GK/GPO / POD Specimen : Serum/Plasma	103	U/L	Male:55 - 170 Female:30 - 135
Troponin I Method : ECLIA Specimen : Serum/Plasma	0.848	ng/mL	Upto 0.034 AMI Cut-off 0.120
CKMB(Mass) Method : ENHANCED CHEMILUMINESCENCE Specimen : Serum	1.29	ng/mL	Serum - upto 3.38

--END OF REPORT--

Reported Date : 04/01/2024 11:40:56

Dr.S.SENTHIL KUMARAN,MD (BIO)

Sr.Consultant - Biochemistry

N. Chitra Sree

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP Policy 1 of 1

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayal
10/01/2024



THE MADRAS MEDICAL MISSION
CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India
Ph : 044 - 40128000, 26568000, 66738000



15

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000581	BLOOD COLLECTION DT:	: 03/01/2024 04:07:49
CONSULTANT	: Dr.KALAICHELVAN U	SAMPLE RECEIVED DT.	: 03/01/2024 06:07:39
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT.	: 03/01/2024 07:06:51

CLINICAL PATHOLOGY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Urine Complete Analysis/Routine			
Colour	Yellow		pale yellow - yellow
Method : Visual			
Specimen : URINE			
Reaction	6.0		4.6 - 8.0
Method : Reflectance Photometry(Double Indicator)			
Specimen : URINE			
Specific Gravity	1.005		1.001 - 1.035
Method : Reflectance Photometry(Colour Indicator - pKa)			
Specimen : URINE			
Appearance	Slightly Turbid		
Method : Visual			
Specimen : URINE			
Urine Albumin	Absent		ABSENT
Method : Reflectance Photometry(Protein Error Of Indicator)			
Specimen : URINE			
Urine Sugar	Absent		ABSENT
Method : Reflectance Photometry(GOD-POD)/Manual			
Specimen : URINE			
Urine Acetone	Absent		ABSENT
Method : Reflectance Photometry(Colour Indicator)/Manual			
Specimen : URINE			
Urine Bile Salts	Absent		ABSENT
Method : Reflectance Photometry(Coupling Reaction)/Manual			
Specimen : URINE			
Urine Bile Pigments	Absent		ABSENT
Method : Reflectance Photometry(Coupling Reaction)/Manual			
Specimen : URINE			
Urobilinogen	Normal		NORMAL
Method : Reflectance Photometry(Ehrlich)			
Specimen : URINE			
Urine Deposits			

V. Chitra Sree

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP Policy 1 of 2

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayre

10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000



16

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000581	BLOOD COLLECTION DT:	: 03/01/2024 04:07:49
CONSULTANT	: Dr.KALAICHELVAN U	SAMPLE RECEIVED DT. :	: 03/01/2024 06:07:39
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT. :	: 03/01/2024 07:06:51

TEST	RESULT	UNITS	REFERENCE RANGE
Pus cells Method : Manual/Microscopy Specimen : URINE	5-10	cells/hpf	0 - 5
Epithelial cells Method : Manual/Microscopy Specimen : URINE	1-2	cells/hpf	0 - 5
RBC Method : Manual/Microscopy Specimen : URINE	2-3	cells/hpf	0 - 3
Casts Method : Manual/Microscopy Specimen : URINE	Absent		ABSENT
Crystals Method : Manual/Microscopy Specimen : URINE	Calcium oxalate		ABSENT
Others Method : Manual/Microscopy Specimen : URINE	Micro organisms present		

--END OF REPORT--

Reported Date : 03/01/2024 11:07:59

V. Chitra Sree

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy
2 of 2

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayat
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



17

NAME : MRS. MANJULATA NAYAK
 UHID : 20240100088
 LAB NO. : 241000546
 CONSULTANT : Dr.KALAICHELVAN U
 WARD/ROOM : Ground floor - CCU/24/A

IP No : 202401020041
 AGE / SEX : 58 Years / Female
 BLOOD COLLECTION DT: 03/01/2024 01:23:55
 SAMPLE RECEIVED DT. : 03/01/2024 02:16:11
 RESULT ENTERED DT. : 03/01/2024 02:57:36

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Creatine Kinase (CK) Method : CREATINE PHOSPHATE/ GK /GPO / POD Specimen : Serum/Plasma	238	U/L	Male:55 - 170 Female:30 - 135
Troponin I Method : ECLIA Specimen : Serum/Plasma	2.81	ng/mL	Upto 0.034 AMI Cut-off 0.120
CKMB(Mass) Method : ENHANCED CHEMILUMINESCENCE Specimen : Serum	10.6	ng/mL	Serum - upto 3.38

--END OF REPORT--

Reported Date : 03/01/2024 11:04:24

Dr.S.SENTHIL KUMARAN,MD (BIO)

Sr.Consultant - Biochemistry

V. Chitra Sree.

Dr. CHITRA SREE. V. MBBS,DCP

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy

1 of 1

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayak
10/01/2024

(24)



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



18

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000494	BLOOD COLLECTION DT:	02/01/2024 17:22:09
CONSULTANT	: Dr.KALAICHELVAN U	SAMPLE RECEIVED DT.	: 02/01/2024 17:43:02
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT.	: 02/01/2024 18:28:59

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Urea	21	mg/dL	Male:19 - 43 Female:15 - 36
Method : UREASE-INDICATOR DYE Specimen : Serum/Plasma			
Creatinine	0.55	mg/dL	Male:0.66 - 1.25 Female:0.52 - 1.04
Method : ENZYMATIC (CREATININE AMIDOHYDROLASE) Specimen : Serum/Plasma			
Sodium	141	mmol/L	137 - 145
Method : DIRECT ISE Specimen : Serum/Plasma			
Potassium	4.32	mmol/L	3.5 - 5.1
Method : DIRECT ISE Specimen : Serum/Plasma			
Chloride	99	mmol/L	98 - 107
Method : DIRECT ISE Specimen : Serum/Plasma			
Bicarbonate	26	mmol/L	22 - 30
Method : ENZYMATIC ASSAY Specimen : Serum/Plasma			
Calcium	9.4	mg/dL	8.4 - 10.2
Method : ARSENazo DYE Specimen : Serum/Plasma			
Phosphorous	3.4	mg/dL	2.5 - 4.5
Method : MOLYBDATE REDUCTION Specimen : Serum/Plasma			
Magnesium	1.7	mg/dL	1.6 - 2.3
Method : FORMAZON DYE Specimen : Serum/Plasma			

-END OF REPORT-

Reported Date : 03/01/2024 11:09:23

Dr.S.SENTHIL KUMARAN,MD (BIO)

Sr.Consultant - Biochemistry

N. Chitra Sree

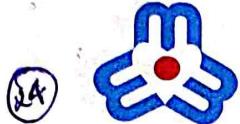
Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for- United India Insurance Co. Ltd under VERIZON GROUP policy
1 of 1

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Dayal
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



19

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000493	BLOOD COLLECTION DT: 02/01/2024 17:22:22	
CONSULTANT	: Dr.KALAICHELVAN U	SAMPLE RECEIVED DT. : 02/01/2024 17:42:55	
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT. : 02/01/2024 18:55:10	

HEMATOLOGY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
HbA1C			
HbA1C	7.7	%	American Diabetes Association(ADA) Non-Diabetic : <5.7 Pre Diabetic : 5.7 - 6.4 Diabetic : >=6.5
Method : CATION EXCHANGE CHROMATOGRAPHY(HPLC) Specimen : EDTA BLOOD			
			Therapeutic Goal : Goal Of Therapy : 6.5 - 7.5
Estimated Average Glucose	174.29	mg/dL	
Method : Calculated Specimen : EDTA BLOOD			
Complete Haemogram			
Haemoglobin	12.3	g/dL	Male:13.7 - 17.5 Female:11.2 - 15.7
Method : SLS HAEMOGLOBIN DETECTION Specimen : EDTA BLOOD			
Total WBC Count	10000	cells/cumm	4000 - 10000
Method : FLOW CYTOMETRY Specimen : EDTA BLOOD			
Total RBC Count	4.54	million/cumm	Male:4.63 - 6.08 Female:3.93 - 5.22
Method : HYDRODYNAMIC FOCUSING Specimen : EDTA BLOOD			
Differential Count			
Polymorphs	53.1	%	40 - 70
Method : MANUAL/FLOW CYTOMETRY Specimen : EDTA BLOOD			
Lymphocytes	41.0	%	20 - 40
Method : MANUAL/FLOW CYTOMETRY Specimen : EDTA BLOOD			
Monocytes	3.4	%	2 - 10
Method : MANUAL/FLOW CYTOMETRY Specimen : EDTA BLOOD			

V. Chitra Sree

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

claimed for- United India Insurance Co.Ltd under VERIZON GROUP policy 1 of 6

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayar
10/01/2024



THE MADRAS MEDICAL MISSION
CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India
Ph : 044 - 40128000, 26568000, 66738000



20

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000493	BLOOD COLLECTION DT:	02/01/2024 17:22:22
CONSULTANT	: Dr.KALAICHELVAN U	SAMPLE RECEIVED DT. :	02/01/2024 17:42:55
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT. :	02/01/2024 18:55:10

TEST	RESULT	UNITS	REFERENCE RANGE
Eosinophils Method : MANUAL/FLOW CYTOMETRY Specimen : EDTA BLOOD	2.0	%	0 - 6
Basophils Method : MANUAL/FLOW CYTOMETRY Specimen : EDTA BLOOD	0.5	%	0 - 1
Platelet Count Method : HYDRODYNAMIC FOCUSING Specimen : EDTA BLOOD	2.12	lakhs/cumm	1.5 - 4.1
Packed Cell Volume Method : CALCULATED Specimen : EDTA BLOOD	38.5	%	Male:40.1 - 51.0 Female:34.1 - 44.9
Mean Corpuscular Volume (MCV) Method : CALCULATED Specimen : EDTA BLOOD	84.8	fL	Male:79.0 - 92.2 Female: 79.4 - 94.8
Mean Corpuscular Haemoglobin (MCH) Method : CALCULATED Specimen : EDTA BLOOD	27.1	pg	Male:25.7 - 32.2 Female: 25.6 - 32.2
Mean Corpuscular Haemoglobin Concentration (MCHC) Method : CALCULATED Specimen : EDTA BLOOD	31.9	g/dL	Male:32.3 - 36.5 Female: 32.2 - 35.5
Erythrocytes Sedimentation Rate (ESR) Method : AUTOMATED Specimen : EDTA BLOOD	18	mm/hour	Male:17 to 50 -Upto 10 : 51 to 60 -Upto 12 : 61 to 70 -Upto 14 :>70 -Upto 30 Female: 17 to 50 -Upto 12 : 51 to 60 -Upto 19 : 61 to 70 -Upto 20 :>70 -Upto 35
RDW-CV Method : Calculated Specimen : EDTA BLOOD	13.1	%	Male:11.6 - 14.4 Female: 11.7 - 14.4

N. Chitra Sree

Dr. CHITRA SREE. V. MBBS, DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy

2 of 6

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

B Jayalalitha
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

21

--END OF REPORT--

Reported Date : 03/01/2024 11:09:14

Sample Type : Urine Sample Report No. : 1234567890
Date : 03/01/2024 Test Name : Urine Test
Specimen ID : 1234567890
Patient Name : John Doe
Age : 30
Gender : Male
Test Result : Normal
Comments : No abnormalities detected.

Test Results Summary

Test Name	Result	Unit	Normal Range
Urea Nitrogen	120	mg/dL	100-150
Blood Urea Nitrogen	120	mg/dL	100-150
Glucose	120	mg/dL	70-110
Cholesterol	200	mg/dL	150-250
Total Protein	6.5	g/dL	6.0-8.0
Globulin	3.0	g/dL	2.5-4.5
Albumin	3.5	g/dL	3.5-5.5
Potassium	4.0	mmol/L	3.5-5.0
Sodium	140	mmol/L	135-145
Urea	120	mg/dL	100-150
Chloride	95	mmol/L	95-105
Bicarbonate	25	mmol/L	22-28

--END OF REPORT--

Reported Date : 03/01/2024 11:09:14

Claimed for - United India Insurance Co. Ltd under VERIZON Group policy

Blayah
10/01/2024

3 of 6

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005



THE MADRAS MEDICAL MISSION
CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India
Ph : 044 - 40128000, 26568000, 66738000



22

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000493	BLOOD COLLECTION DT:	: 02/01/2024 17:22:22
CONSULTANT	: Dr.KALAICHELVAN U	SAMPLE RECEIVED DT.	: 02/01/2024 17:42:55
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT.	: 02/01/2024 18:47:28

COAGULATION REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Activated Partial Thromboplastin Time (APTT)			
APTT Patient Value	29.7	sec	25.0 - 31.3
Method : PHOTO OPTICAL CLOT DETECTION			
Specimen : Citrated Plasma			
APTT Control Value	26.1	sec	
Method : PHOTO OPTICAL CLOT DETECTION			
APTT Ratio	1.14		
Method : CALCULATED			
Prothrombin Time			
Prothrombin Time	10.8	sec	9.8 - 12.1
Method : PHOTO OPTICAL CLOT DETECTION			
Specimen : Citrated Plasma			
INR	0.92		Therapeutic Range : 2.0 - 4.0
Method : CALCULATED			
Control	11.7	sec	
Method : PHOTO OPTICAL CLOT DETECTION			

--END OF REPORT--

Reported Date : 03/01/2024 11:09:14

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for - United India Insurance Co. Ltd under VERIZON Group policy 4 of 6

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

B Jayak
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



NAME : MRS. MANJULATA NAYAK
UHID : 20240100088
LAB NO. : 241000493
CONSULTANT : Dr.KALAICHELVAN U
WARD/ROOM : Ground floor - CCU/24/A

IP No : 202401020041
AGE / SEX : 58 Years / Female
BLOOD COLLECTION DT: 02/01/2024 17:22:22
SAMPLE RECEIVED DT. : 02/01/2024 17:42:55
RESULT ENTERED DT. : 02/01/2024 18:28:51

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Liver Function Panel			
Total Bilirubin Method : MOD.JENDRASSIK GROFS Specimen : Serum/Plasma	0.55	mg/dL	Adults:0.2 - 1.3 Neonates:1.0 - 10.5
Direct Bilirubin Method : DIRECT SPECTROPHOTOMETRIC Specimen : Serum/Plasma	0.18	mg/dL	Neonates:0.0 - 0.6 Adult:0.0 - 0.3
Indirect Bilirubin Method : DIRECT SPECTROPHOTOMETRIC Specimen : Serum/Plasma	0.37	mg/dL	Adult:0.0 - 1.1 Neonates:0.6 - 10.5
Total Protein Method : BIURET Specimen : Serum/Plasma	7.4	g/dL	6.3 - 8.2
Albumin Method : BCG DYE BINDING Specimen : Serum/Plasma	4.4	g/dL	3.5 - 5.0
Aspartate Transaminase (SGOT) Method : KINETIC (LEUCO DYE) WITH P5P Specimen : Serum/Plasma	33	U/L	15 - 46
Alanine Transaminase (SGPT) Method : KINETIC WITH P5P Specimen : Serum/Plasma	24	U/L	Male : < 50 Female : < 35
Gamma Glutamyl Transferase (GGT) Method : SZASZ Specimen : Serum/Plasma	31	U/L	Male:15 - 73 Female:12 - 43
Alkaline Phosphatase Method : PNPP-AMP KINETIC Specimen : Serum/Plasma	80	U/L	Adult:38 - 126 Pediatric: 4 - 15Yrs:54 - 369

Dr.S.SENTHIL KUMARAN,MD (BIO)

Sr.Consultant - Biochemistry

V. Chitra Sree

Dr. CHITRA SREE. V. MBBS,DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for- United India Insurance Co. Ltd under VERIZON Group Policy 5 of 6

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

B Jayach
10/01/2024



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

24

--END OF REPORT--

Reported Date : 03/01/2024 11:09:14

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy

Blayat
10/01/2024 6 of 6

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005



THE MADRAS MEDICAL MISSION

CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India

Ph : 044 - 40128000, 26568000, 66738000

For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in



25

NAME : MRS. MANJULATA NAYAK
 UHID : 20240100088
 LAB NO. : 241000567
 CONSULTANT : Dr.KALAICHELVAN U
 WARD/ROOM : Ground floor - CCU/24/A

IP No : 202401020041
 AGE / SEX : 58 Years / Female
 BLOOD COLLECTION DT: 03/01/2024 03:51:17
 SAMPLE RECEIVED DT. : 03/01/2024 06:01:22
 RESULT ENTERED DT. : 03/01/2024 06:55:20

HEMATOLOGY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Haemoglobin	11.1	g/dL	Male:13.7 - 17.5 Female:11.2 - 15.7
Method : SLS HEMOGLOBIN DETECTION Specimen : EDTA BLOOD			
Packed Cell Volume	34.0	%	Male:40.1 - 51.0 Female:34.1 - 44.9
Method : CALCULATED Specimen : EDTA BLOOD			
Platelet Count	1.97	lakhs/cumm	1.5 - 4.1
Method : HYDRODYNAMIC FOCUSING Specimen : EDTA BLOOD			

--END OF REPORT--

Reported Date : 03/01/2024 11:06:48

V. Chitra Sree

Dr. CHITRA SREE. V. MBBS, DCP

Senior Consultant & Head-(Biochemistry,Haematology)

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy
1 of 2

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayak
10/01/2024



THE MADRAS MEDICAL MISSION
CLINICAL LABORATORY SERVICES

No. 4-A, Dr. J.Jayalalitha Nagar, Mogappair, Chennai - 600 037, India
Ph : 044 - 40128000, 26568000, 66738000



For Appointments Toll Free No. 1800 123 599 999

E-mail : bclab@mmm.org.in / microbiology@mmm.org.in / pathology@mmm.org.in / bloodbank@mmm.org.in

NAME	: MRS. MANJULATA NAYAK	IP No	: 202401020041
UHID	: 20240100088	AGE / SEX	: 58 Years / Female
LAB NO.	: 241000567	BLOOD COLLECTION DT:	03/01/2024 03:51:17
CONSULTANT	: Dr.KALACHELVAN U	SAMPLE RECEIVED DT.	: 03/01/2024 06:01:22
WARD/ROOM	: Ground floor - CCU/24/A	RESULT ENTERED DT.	: 03/01/2024 06:48:51

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	REFERENCE RANGE
Creatine Kinase (CK) Method : CREATINE PHOSPHATE/ GK/GPO / POD Specimen : Serum/Plasma	230	U/L	Male:55 - 170 Female:30 - 135
Troponin I Method : ECLIA Specimen : Serum/Plasma	2.21	ng/mL	Upto 0.034 AMI Cut-off 0.120
Urea Method : UREASE-INDICATOR DYE Specimen : Serum/Plasma	22	mg/dL	Male:19 - 43 Female:15 - 36
Creatinine Method : ENZYMATIC (CREATININE AMIDOHYDROLASE) Specimen : Serum/Plasma	0.55	mg/dL	Male:0.66 - 1.25 Female:0.52 - 1.04
CKMB(Mass) Method : ENHANCED CHEMILUMINESCENCE Specimen : Serum	9.53	ng/mL	Serum - upto 3.38
Sodium Method : DIRECT ISE Specimen : Serum/Plasma	141	mmol/L	137 - 145
Potassium Method : DIRECT ISE Specimen : Serum/Plasma	4.41	mmol/L	3.5 - 5.1

--END OF REPORT--

Reported Date : 03/01/2024 11:06:48

Dr.S.SENTHIL KUMARAN,MD (BIO)

Sr.Consultant - Biochemistry

V. Chitra Sree

Dr. CHITRA SREE. V. MBBS,DCP

Claimed for - United India Insurance Co., Ltd under VERIZON Group policy

Senior Consultant & Head-(Biochemistry,Haematology)

2 of 2

FOR LAB HOME COLLECTION SERVICE, CONTACT : 7550027005

Blayat
10/01/2024

ID: 34925

MANJULATHA

Female 58 Years

{ Req. No. :

02-01-2024 12:57:11 PM

HR : 92 bpm Diagnosis Information:

P : 105 ms Sinus Rhythm

PR : 182 ms ***Normal ECG***

QRS : 83 ms

QT/QTcBz : 342/424 ms

P/QRS/T : 65/60/53 °

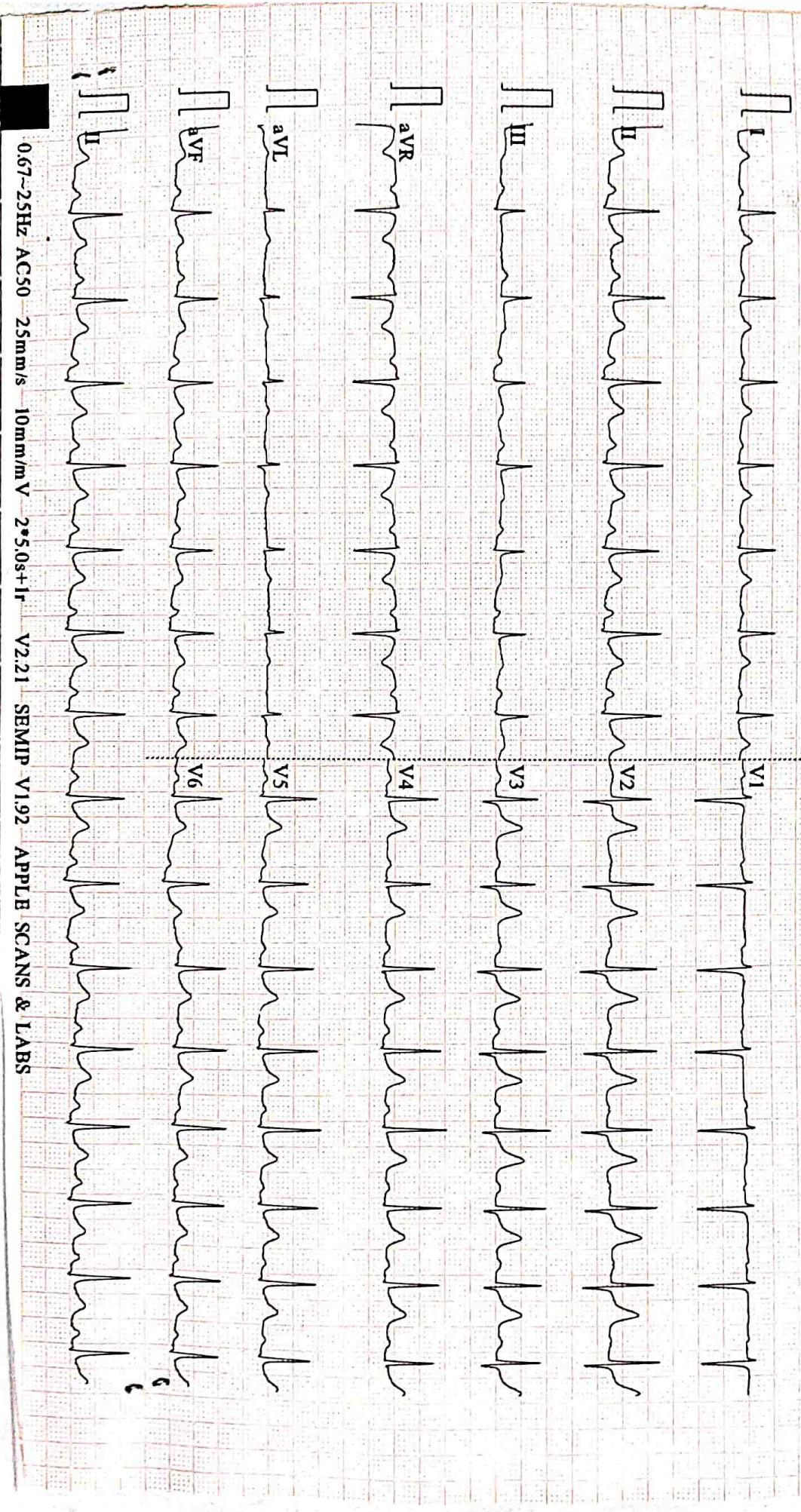
RV5/SV1 : 1.05/0.949 mV

27

~

BP 160
100 mmHg

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2•5.0s+1s V2.21 SEMIP V1.92 APPLE SCANS & LABS

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP Policy



THE MADRAS MEDICAL MISSION

Unit : INSTITUTE OF CARDIO - VASCULAR DISEASES

4-A, Dr. J.J. Nagar, Mogappair, Chennai - 600037

Telephone No - 044- 2656 8000, 6673 8000, 4012 8000

28

E.C.G

Mrs. MANJULA NAYAK
20240100088 / 58 Years/ F



UHID No

AGE / SEX :

DATE : 03 / 01 / 23

TIME : 10 : 05 AM

Ref. By Dr. DR. KALA T.

PLEASE TAKE XEROX (PHOTOCOPY)

OPD / H - 10,000 10/23

claimed for - United India Insurance Co. Ltd under VERIZON Group policy No. 10011201120241

HANJULA NAVAK

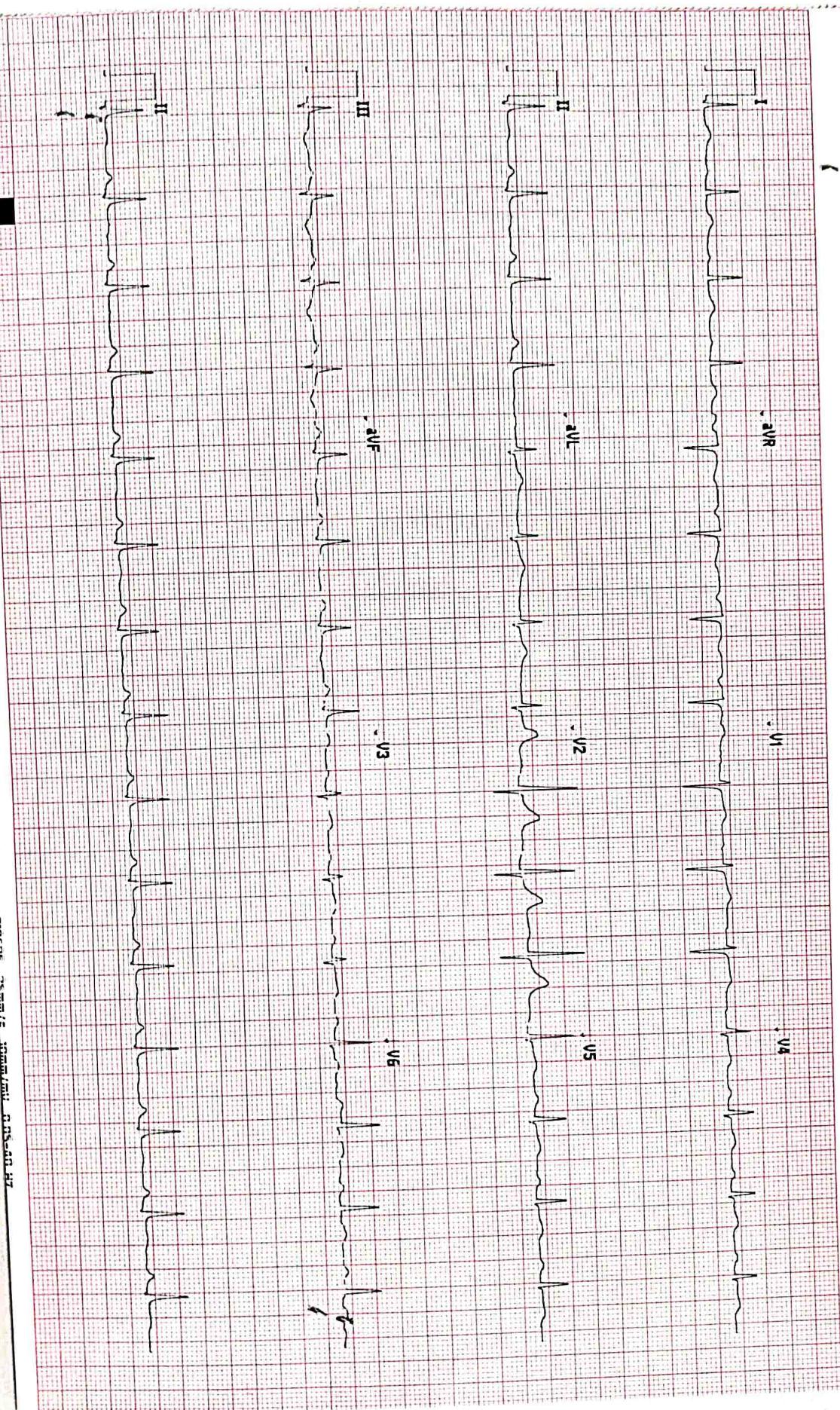
ID: 20240100089

DOB

58yr, Female

03-Jan-2024 10:05:17

Vent rate 88 BPM
PR int 194 ms
QRS dur 86 ms
QT/QTc 354/400 ms
P-R-T axes 70 50 -26



29

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP policy Blaych
10/01/2024



THE MADRAS MEDICAL MISSION

30

Unit : INSTITUTE OF CARDIO - VASCULAR DISEASES
4-A, Dr. J.J. Nagar, Mogappair, Chennai - 600037
Telephone No - 044- 2656 8000, 6673 8000, 4012 8000

E.C.G

Mrs. MANJULA NAYAK
20240100088 / 58 Years/ F



UHID No

AGE / SEX :

DATE : 03/01/2024

TIME : 9:30 PM

Ref. By Dr.

PLEASE TAKE XEROX (PHOTOCOPY)

OPD/H - 10,000 10/23

Claimed for - United India Insurance Co. Ltd under VERIZON Group Policy

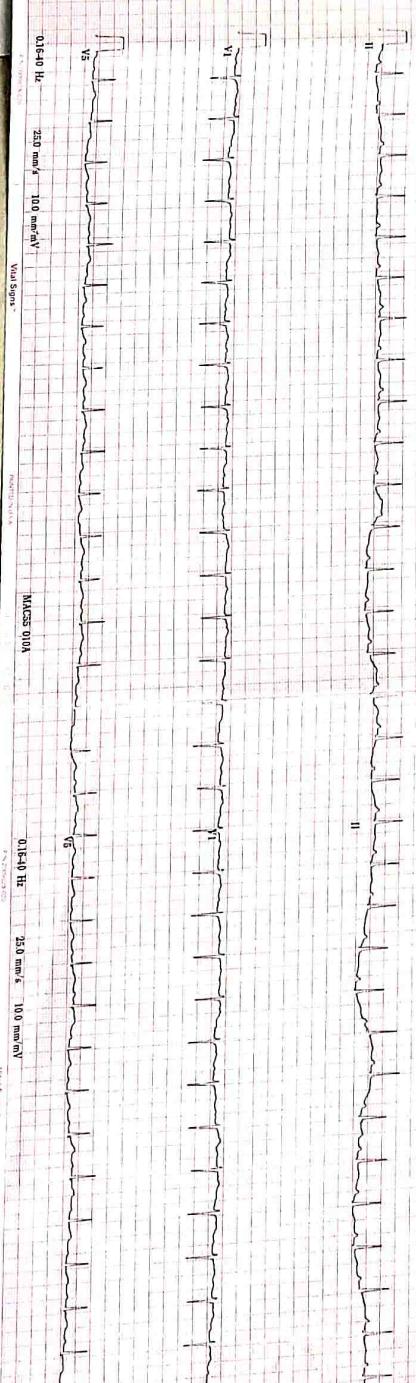
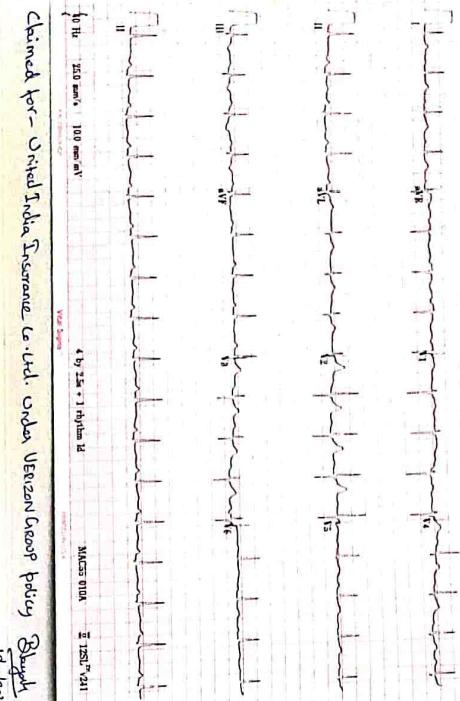
Balaiah
10/01/2024

MANUAL ID: 000000009 MADRAS MEDICAL MISSION
Source: Vent. rate: 90 bpm Date: 2024-01-02 21:02:31
Female PR interval: 10 ms QRS duration: 85 ms
P-R interval: 123 ms Q-Tc: 325 ms
P-R max: 65 ms Q-T max: 33 ms

MANUAL ID: 000000009 RHYTHM REPORT MADRAS MEDICAL MISSION
Date: 2024-01-02 21:05:32
MANUAL ID: 000000009 RHYTHM REPORT MADRAS MEDICAL MISSION
Date: 2024-01-02 21:31:04

Referred by: *[Signature]* Verified:

Telcom:



Claimed for - United India Insurance Co. Ltd. under UEGENON Group policy No. 83424
Dated 01/01/2024

32



6 hr hour ECG (2)
+
6 hr hour ECG (3)

THE MADRAS MEDICAL MISSION
Unit : INSTITUTE OF CARDIO - VASCULAR DISEASES
4-A, Dr. J.J. Nagar, Mogappair, Chennai - 600037
Telephone No - 044- 2656 8000, 6673 8000, 4012 8000

E.C.G

NAME :

Mrs. Manjula Nayak.

UHID No

202401000 88

AGE / SEX :

58 Female

DATE :

02 -01 -2024 03 -01 -2024

Ref. By Dr. Dr. ICMAI

TIME :

09 : 58 pm 05 : 41 am

PLEASE TAKE XEROX (PHOTOCOPY)

OPP/H - 10,000 10/23

claimed for - United India Insurance co. Ltd under VERIZON Group Policy

R. Bhagat

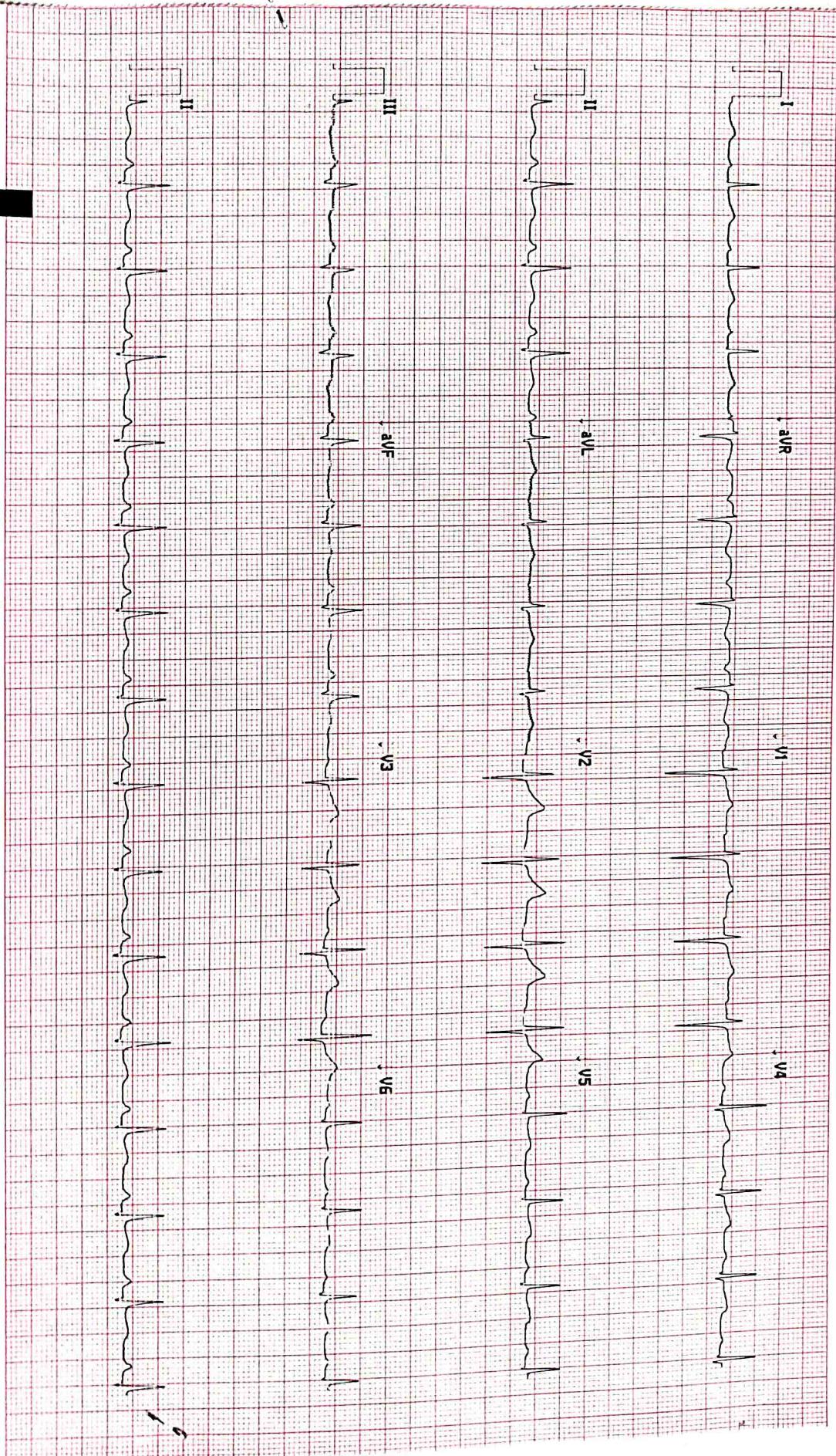
10/01/2024

HANJULA RAVIKA
ID: 20240100099
DOB: 08/08/1995
58yr, Female

02-Jan-2024 21:56:41

Vent rate 90 BPM
PR int 176 ms
QRS dur 84 ms
QT/QTc 363/411 ms
P-R-T axes 65 47 4

33



Claimed for - United India Insurance Co. Ltd under VERON Group Policy Blanks

10/01/2024

HANJULA NAVAK

ID: 20240100088

DOB

58yr, Female

03-Jan-2024 05:42:53

Vent rate

79 BPM

PR int

191 ms

QRS dur

77 ms

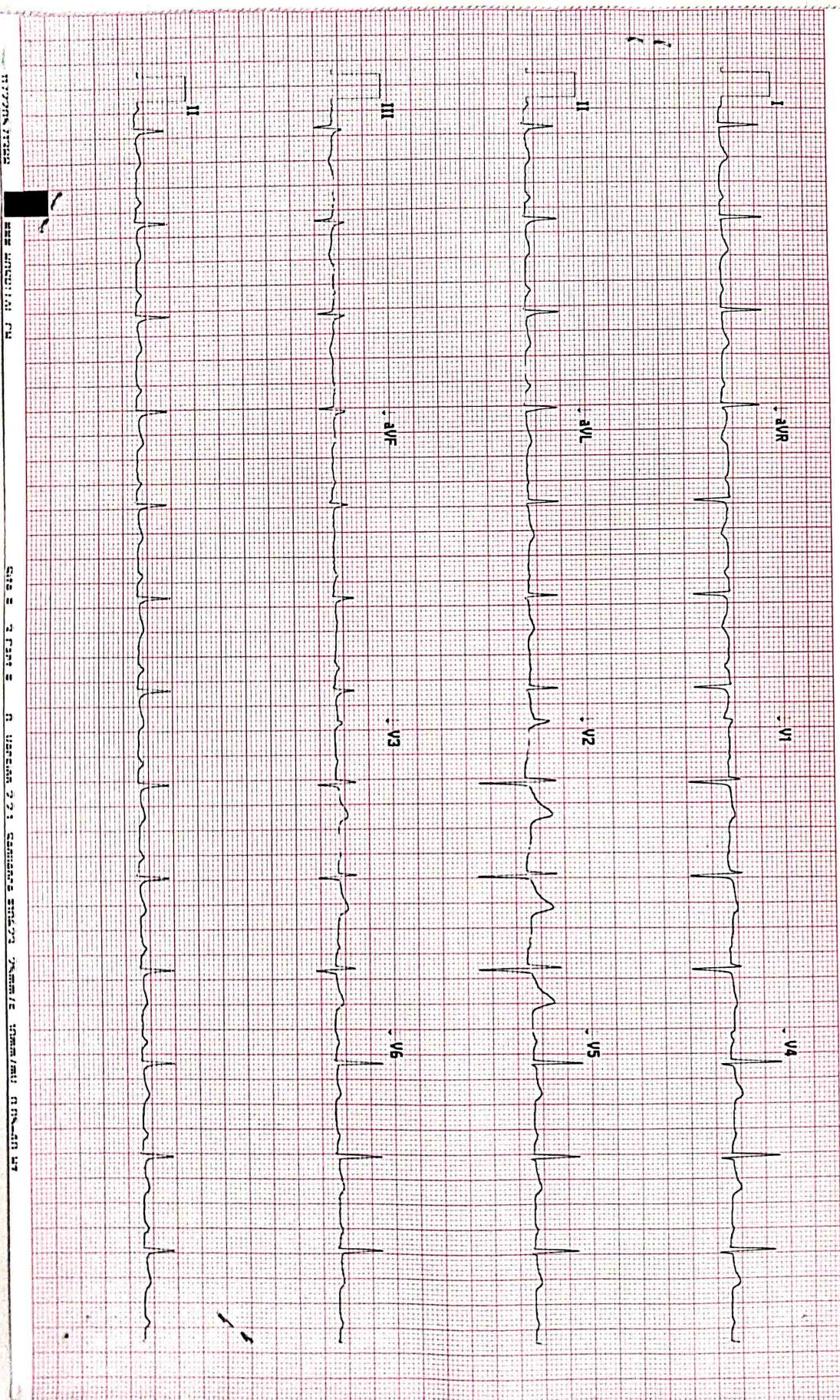
Q/TC

372/407 ms

P-R-T axes

50 24 17

34



Claimed for - United India Insurance Co. Ltd under VERIZON GROUP POLICY

Rajayak
10/01/2024

(1)

on Admission



35

THE MADRAS MEDICAL MISSION

Unit : INSTITUTE OF CARDIO - VASCULAR DISEASES
4-A, Dr. J.J. Nagar, Mogappair, Chennai - 600037
Telephone No - 044- 2656 8000, 6673 8000, 4012 8000

E.C.G

NAME: Mrs . Manju Jatha Naik

UHID No

AGE / SEX: 35yrs/F

DATE: 20/01/2023

TIME:

Ref. By Dr. DR. KALATH

PLEASE TAKE XEROX (PHOTOCOPY)

OPD / H - 10,000 10/23

Claimed for - United India Insurance Co. Ltd under VERIZON GROUP Policy

Balaiah / —
10/01/2024

MRS MANJALAKA NAIK

02:27 PM
MADRAS ME

MADRAS MEDICAL MISSION

METER NO. 0009735
TEST TIME: 3:38 PM
USER ID: 555555555555
REF. RANGES: Tcomin!

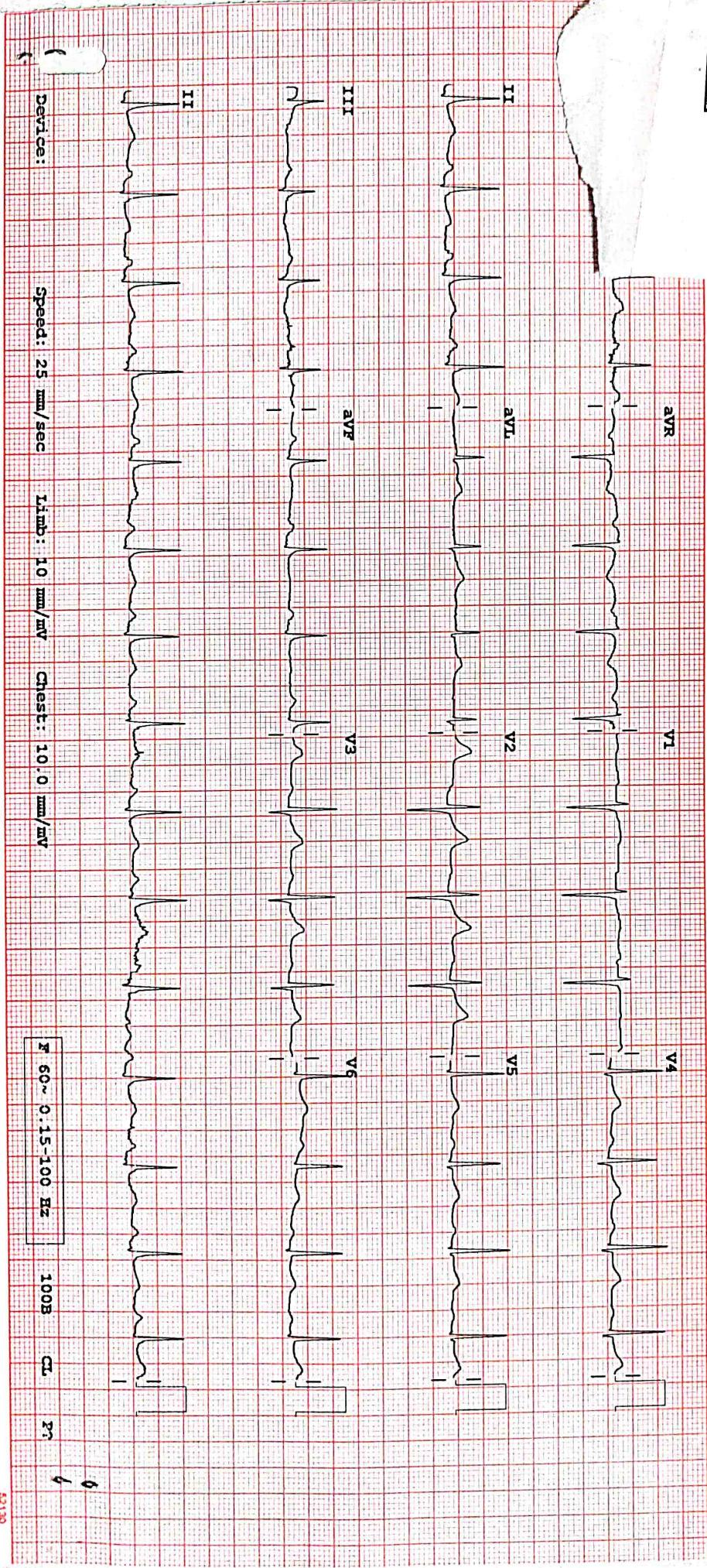
TNI	NORMAL 0.00-0.02	ABNORMAL >0.02
TROPONIN I PAT.I.D MANJULATHARANAIK	14264	
TNI 0.39	↑	

ג'נ'ל

INT. OC: PASS
PAT. RESULT REMOVAL

1

'Lacent



Claimed for - United India Insurance Co. Ltd under VERIZON Group policy
Bhuban
10/01/2024

58 years

MRS MANJALAKA NAIK
Female

02-Jan-24 3:03:25 PM
MADRAS MEDICAL MISSION

(Posterior)

6

37

Rate 88
PR 180
QRS 89
QT 353
QTC 427

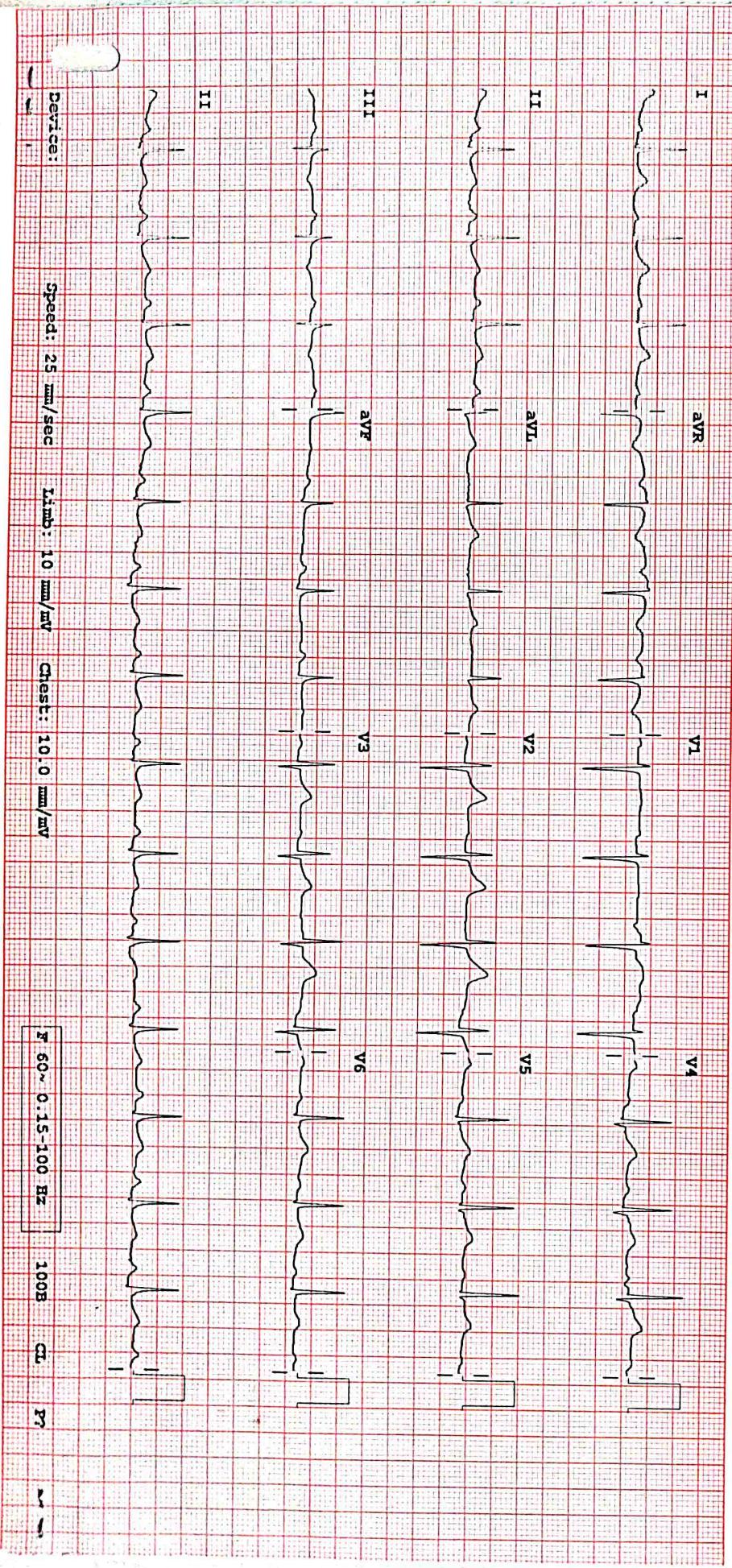
--AXIS--

P 59

QRS 37

T 31

12 Lead: Standard Placement



claimed for - United India Insurance Co. Ltd under VERIZON Group Policy

Policy No: 1010112024

HICKOKED CHARTS

\$2130



THE MADRAS MEDICAL MISSION

Unit : INSTITUTE OF CARDIO - VASCULAR DISEASES

4-A, Dr. J.J. Nagar, Mogappair, Chennai - 600037

Telephone No - 044- 2656 8000, 6673 8000, 4012 8000

E.C.G

NAME : Mrs. MANJULA NAYAK
20240100088 / 58 Years/ F



UHID No

AGE / SEX :

DATE : 04/01/24

Ref. By Dr.

TIME : 9:36 AM

PLEASE TAKE XEROX (PHOTOCOPY)

OPD / H - 10,000 10/23

claimed for - United India Insurance Co. Ltd under VERIZON Group policy

Balaiah
10/01/2024

Mrs. MANJULA NAYAK

20240100088 / 58 Years/ F

ID: 20240100167

4-Jan-2024

9:36:51

MADRAS MEDICAL MISSION-CHENNAI(ICVD)

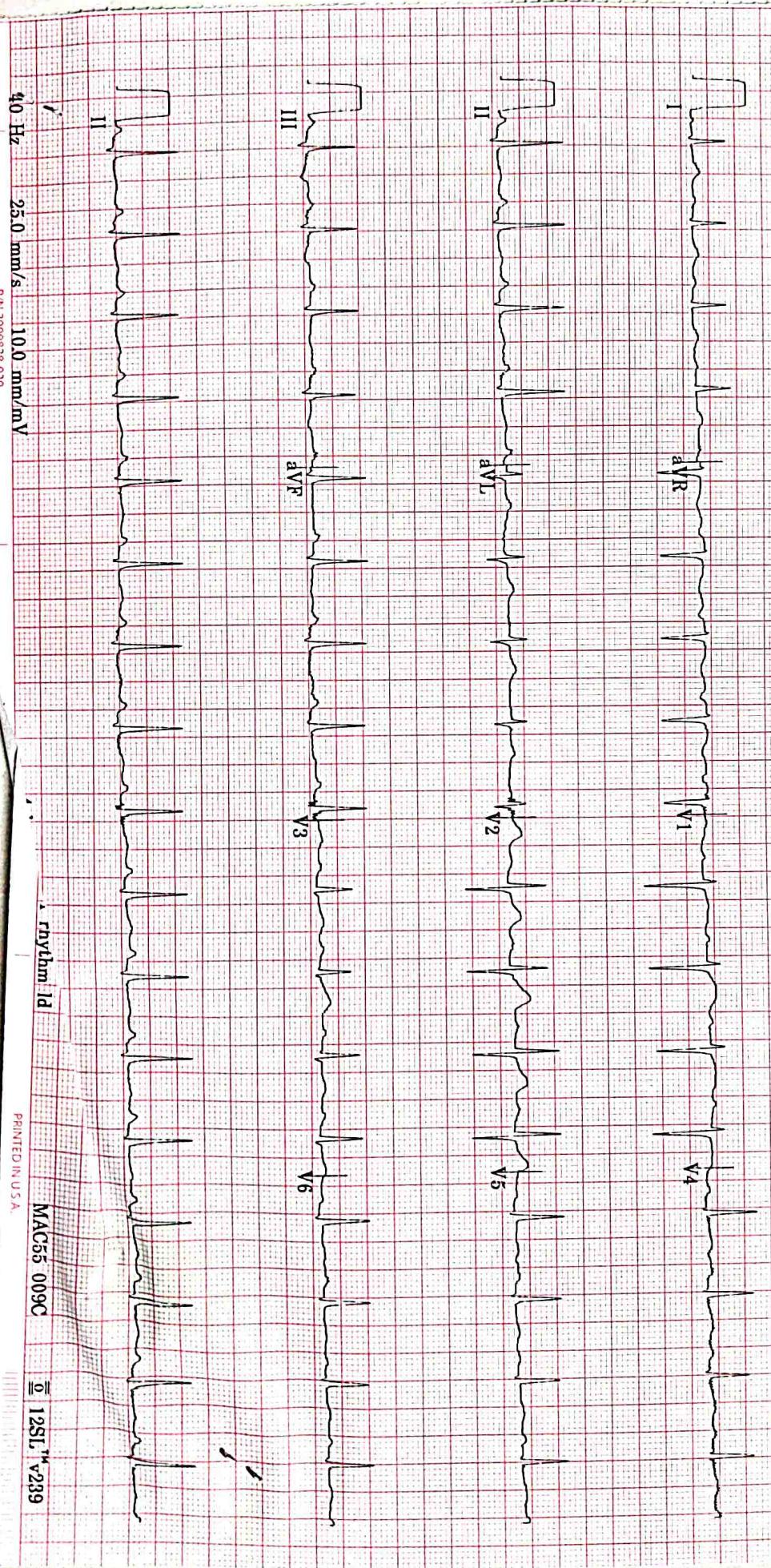
39



Vent. rate 103 bpm
 PR interval 180 ms
 QRS duration 74 ms
 QT/QTc 350/458 ms
 P-R-T axes 65 65 27

Technician:

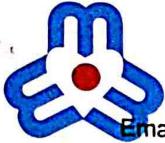
Unconfirmed



claimed for - United India Insurance Co.Ltd under VERIZON Group policy

Rajendra
10/01/2024

PRINTED IN U.S.A.
 MAC55 009C 12SL™ v239



HO

INSTITUTE OF CARDIO - VASCULAR DISEASES

(A UNIT OF THE MADRAS MEDICAL MISSION) (PAN No. : AAATT0433G)

4A, DR. J. Jayalalitha Nagar, Mogappair, Chennai - 600037, India.

Phone : +91-44-66738000, 26568000, 40128000 ; Fax : +91-44-26565510, 26565511 NABH

Email : billing@mmm.org.in / mmmadmin@mmm.org.in, Website : http://www.madrasmedicalmission.org.in

GST NO: 33AAATT0433G1ZY

IN-PATIENT - CASH BILL- FINAL BILL OF SUPPLY

Patient's Name	MRS. MANJULATA NAYAK	PAN NO	: NIL
Address	W/O.MR.RAJENDRA KUMAR NAYAK 242, BIRAMANIPUR, BYASANAGAR, JAJPUR ROAD, JAJPUR - 755019,	UHID	: 20240100088C
		IP No.	: 202401020041
		Age/Sex	: 58 Years/F
		Category	: GW
		Bill Type	: CASH
Ward / Room	III Floor (Executive Floor) / 308/A	Bill No.	: 20231000004479
Consultant	DR.KALAICHELVAN U	Admission Dt.	: 02/01/2024 17:12:14
Surgeon	Dr. VIJIT KOSHY CHERIAN .	Bill Date	: 05/01/2024 16:13:00
		Discharge Dt.	: 05/01/2024

Sl.No	Particulars	Amount (in Rs)
1	PRIMARY ANGIOPLASTY + IVUS - GW	122,000.00
2	BIOCHEMISTRY	6,210.00
3	BLOOD BANK	5,190.00
4	CATH LAB	6,000.00
5	CASUALTY AND EMERGENCY	1,100.00
6	DIET CHARGES	26.00
7	DYE	5,520.00
8	PHARMACY PACKAGE EXCLUSION	151,767.00
9	MEDICAL RECORDS	500.00
10	NON CLINICAL SERVICES	1,500.00
11	PROFILE	1,870.00
12	RADIATION SAFETY	1,000.00
	Gross Amount	302,683.00
	Advance	250,000.00
	Amount Paid	52,683.00

Receipt Details:

Receipt No: 20231400016528 02/01/2024 18:49:06:ECS- Rs.50,000.00

Receipt No: 20231400016620 03/01/2024 18:59:40:CreditCard- Rs.200,000.00

Receipt No: 202311000005283 05/01/2024 16:13:00:CreditCard- Rs.52,683.00

Prepared By : MOHAN

Verified By : MOHAN



1 of 1

Claimed for - United India Insurance Co. Ltd under VERIZON Group Policy

Bhayak
10/01/2024

IP No : 202401020041 UHID : 20240100088C NAME : MRS.MANJULATA NAYAK

H1

DATE	DIET CHARGES PARTICULARS	UNITS	AMOUNT
03 Jan 2024	DIET CHARGES	1.0	26.00
			26.00

DATE	PARTICULARS	UNITS	AMOUNT
02 Jan 2024	HBA1C	1.0	790.00
03 Jan 2024	CKMB(Mass)	1.0	1,100.00
03 Jan 2024	Creatine Kinase (CK)	1.0	660.00
03 Jan 2024	Troponin I	1.0	1,180.00
03 Jan 2024	Troponin I	1.0	1,300.00
04 Jan 2024	Troponin I	1.0	1,180.00
			6,210.00

DATE	TRANSFUSION MEDICINE PARTICULARS	UNITS	AMOUNT
02 Jan 2024	ANTIBODY SCREENING	1.0	660.00
02 Jan 2024	BLOOD GROUPING AND RH TYPE	1.0	360.00
02 Jan 2024	HBcAb Total	1.0	720.00
02 Jan 2024	HBsAg	1.0	520.00
02 Jan 2024	HCV Ab	1.0	1,050.00
02 Jan 2024	HIV 1 & 2 Ab & Ag	1.0	1,250.00
02 Jan 2024	VDRL	1.0	630.00
			5,190.00

DATE	PROFILE PARTICULARS	UNITS	AMOUNT
02 Jan 2024	RENAL FUNCTION TEST	1.0	1,870.00
			1,870.00

DATE	MEDICAL RECORDS PARTICULARS	UNITS	AMOUNT
02 Jan 2024	MRD Charges	1.0	500.00

1 of 2

Claimed for - United India Insurance Co. Ltd under
VERIZON Group policy

Blayek
10/01/2024



42

			500.00
DATE 02 Jan 2024	CATH LAB PARTICULARS CATH LAB CHARGES	UNITS 1.0	AMOUNT 6,000.00
			6,000.00
DATE 02 Jan 2024	NON CLINICAL SERVICES PARTICULARS HOUSEKEEPING CHARGES	UNITS 1.0	AMOUNT 1,500.00
			1,500.00
DATE 02 Jan 2024	RADIATION SAFETY PARTICULARS SCATTER ARMOR SHIELD	UNITS 1.0	AMOUNT 1,000.00
			1,000.00
DATE 02 Jan 2024	DYE PARTICULARS VISIPAUQUE	UNITS 150.0	AMOUNT 5,520.00
			5,520.00
DATE 02 Jan 2024	CASUALTY AND EMERGENCY PARTICULARS ABG-POC	UNITS 1.0	AMOUNT 1,100.00
			1,100.00



2 of 2

Claimed for - United India Insurance Co. Ltd under VERIZON Group
Policy
Blaych
10/01/2024

43

http://193.1.1.231/mmm_chennai/modules/ecombill/print_pharmacy_...

PHARMACY PACKAGE EXCLUSION

PATIENT IPNO :202401020041

PATIENT NAME :MANJULA NAYAK

S NO	ISSUE DATE	ITEM NAME	QTY	ITEM RATE	LINE VALUE
1	2024-01-02 18:32:17	Q SYTE BI EXTN 15CM 385157 / 385163	2	572.00	1,144.00
2	2024-01-02 18:32:17	ROTAFLLO (IV FLOW REGULATOR) ROMSONS	1	536.00	536.00
3	2024-01-02 19:17:26	RADIATION BIOSHIELD N -LEAD COVER 70 X 90CM	1	140.00	140.00
4	2024-01-02 19:17:26	CATHETER CORONARY DXTERITY 6F JL 3.5 MEDTRONIC	1	2,800.00	2,800.00
5	2024-01-02 19:17:26	CATHETER CORONARY DXTERITY 6F JL 4.0 MEDTRONIC	1	2,800.00	2,800.00
6	2024-01-02 19:17:26	SHEATH INTRODUCER RADIFOCUS FEMORAL 7FR 10CM WITHOUT NEEDLE	1	2,110.00	2,110.00
7	2024-01-02 19:17:26	BOSTON OPTICROSS IVUS CATHETER 40MHZ	1	51,500.00	51,500.00
8	2024-01-02 22:01:54	NIKORAN IV 2MG VIAL	2	137.15	274.30
9	2024-01-02 23:04:47	ROTAFLLO (IV FLOW REGULATOR) ROMSONS	1	536.00	536.00
10	2024-01-03 09:34:02	STENT ULTIMASTER NAGOMI 3.00 X 38MM	1	40,178.32	40,178.32
11	2024-01-03 09:34:02	STENT ULTIMASTER NAGOMI 4.00 X 18 MM	1	40,178.32	40,178.32
12	2024-01-03 09:34:02	BALLOON CATHETER BIOTRONIK PANTERA NC LEO 4.5 X 12	1	9,020.00	9,020.00
13	2024-01-03 12:39:27	BED BATH WIPES DIGNITY WIPAX 32CM X 32CM 10/PACK ROMSONS	1	550.00	550.00
				TOTAL AMOUNT	151,766.94

Claimed for - United India Insurance Co. Ltd under VERIZON

Group Policy

Blayak
10/01/2024



44

THE MADRAS MEDICAL MISSION

4-A, Dr.J.Jayalalithaa Nagar, Mogappair, Chennai - 600 037

PRESCRIPTION

Patient Name:

Mrs. MANJULA NAYAK
20240100088 / 58 Years/ F

Age :

Weight :



UHID No :

R

Name of the Medications (IN CAPITAL LETTERS)	Strength	Dose	Route	Frequency	Duration
---	----------	------	-------	-----------	----------

Ecu loads — (5)

Dig Par — (1)

Underpad — (1)

Ice Syringe — (2)

18G venflon — (1)

2L Syringe — (1)

Q syre — (1)

Dig enemset — (1)

3m IV kit — (1)

20G venflon — (1)

Post flush — (2)

Q syre — (1)

Dig cleane 60mg — (1)

3m IV kit — (1)

Ice Syringe — (2)

Q Clopile — (1)

Special Advice :

P Aztor — (1)

D Ecospasim — (1)

Name & Qualification of Doctor :

Dr Sankar

Signature of Doctor :

Date : 2/01/23 Time :

Registration Number :

Claimed for - United India Insurance Co.Ltd under VERTON GROUP policy
Dispensed by MMM Pharmacy

B Jayal
10/01/2024

Date :

Pharmacist Signature



THE MADRAS MEDICAL MISSION
An ISO 9001: 2015 Certified Hospital

Units:

Institute of Cardio – Vascular Diseases
Institute of Reproductive Medicine & Women's Health
Institute of Kidney Diseases, Urology & Organ Transplantation

OP PHARMACY - MAIN BLOCK

DL NO:1383/ZIV/20&21 GSTNO:33AAATT0433G1ZY

Institute of Gastroenterology & Liver Diseases
Pondicherry Institute of Medical Sciences
MMM College of Health Sciences
MMM College of Nursing



H5

PATIENT NAME : MANJULA NAYAK MANJULATA NAYAK
PRESCRIBED BY : DR.KALAICHELVAN U

UHID : 20240100088
DATE : 02/01/2024 17:29:53
BILL No. : 2023062240

Sl. No.	Particulars	HSN CODE	Batch	Exp Date	Qty	MRP	Total	GST(%)	GST AMT
1	ECG ELECTRODE DISPOSABLE ADU	90189099	2842350870	31/07/2025	5	29.00	145.00	12.00	14.14
2	UNDER PAD 60X90	96190090	PRCDSUP023	30/06/2026	1	56.00	56.00	12.00	5.46
3	VENFLON 18G	90183930	3280147--2	30/09/2028	1	283.50	283.50	12.00	27.64
4	I.V.KIT 3M (PIV) 1633	39199090	R09231301-	31/01/2025	1	256.00	256.00	18.00	35.54
5	POSIFLUSH 10ML (PREFILLED SY)	90183100	3178569--2	30/06/2026	2	61.00	122.00	12.00	11.90
6	CLEXANE 60MG PFS INJ	30019099	HS330A--20	31/03/2025	1	711.01	711.01	5.00	30.81
7	SYRINGE 5ML (NIPRO)	90183100	23J11K24--	30/09/2028	2	19.50	39.00	12.00	3.80
8	ATORVA 40MG TAB 10S	30049079	1304666--2	31/05/2026	1	216.16	216.16	12.00	21.08
9	PAN 40MG IV - INJ	30049039	23590246--	30/09/2025	1	56.50	56.50	12.00	5.51
10	SYRINGE 10ML (NIPRO)	90183100	23H14K61--	31/07/2028	2	25.00	50.00	12.00	4.88
11	SYRINGE 2.5ML (NIPRO)	90183100	23I01K13--	31/08/2028	1	10.00	10.00	12.00	0.98
12	EMESET-4MG/2ML INJ	30049035	A030463--2	31/08/2026	1	13.35	13.35	12.00	1.30
13	VENFLON 20G	90183930	3290005-2	30/09/2028	1	283.50	283.50	12.00	27.64
14	Q SYTE BI EXTN 15CM 385157 /	90183990	3060841-2	28/02/2026	1	572.00	572.00	12.00	55.77
15	CLOPILET 75MG TAB 15S	30049099	GTE1716A-	31/07/2025	1	111.88	111.88	12.00	10.91
16	ECOSPRIN 150MG TAB-14S	30049062	04009886--	31/08/2025	1	10.98	10.98	12.00	1.07
Billed By :	sulthana						2936.88		258.41
Total	2937.32	Type	Total						
Discount	264.32	WALLET	2673.00				SGST	129.2	
Net Total	2673.00	Net Total	2673.00				CGST	129.2	



Pharmacist's Sign

For Madras Medical Mission

Returned Medicines will only be accepted within 1 month of purchase in exchange for other medicines.
Such exchange will only be accepted if accompanied by an authorised Doctor's Signature.
For home delivery of medicines from MMM Pharmacy. Please whatsapp prescription to +91 7338822440.

4-A,Dr.J.J Nagar,Mogappair,Chennai-600037,

Phone:+91-44-26568000,26565356,26568037,667388000 Fax:91-44-26565510 E-mail:mmmadmin@mmm.org.in Website:<http://www.mmm.org.in>

claimed for - United India Insurance Co. Ltd under

VERIZON GROUP policy

B Jayaram
10/01/2024



46



INSTITUTE OF CARDIO - VASCULAR DISEASES

(A UNIT OF THE MADRAS MEDICAL MISSION) (PAN No. : AAATT0433G)

4A, DR. J. Jayalalitha Nagar-Mogappair, Chennai - 600037, India

Phone :+91-44-66738000,26568000,40128000 :Fax:+91-44-26565510-11

Email : billing@mmm.org.in/mmmadmin@mmm.org.in

Website : <http://www.madrasmedicalmission.org.in>

GST NO: 33AAATT0433G1ZY

OUT-PATIENT BILL - FINAL BILL OF SUPPLY

PATIENT NAME	Mrs.MANJULATA NAYAK	AGE/GENDER 58 Years/F	UHID NO. 20240100088C
PERMANENT ADDRESS	242, BIRAMANIPUR, BYASANAGAR,,JAJPUR ROAD , JAJPUR- 755019,ODISHA	ENC. NO	202401024420 BILL TYPE Selfpay
Name Of The Physician	Dr. KALAICHELVAN U	BILL NO.	20231100081526
Name Of The Surgeon	Dr. VIJIT KOSHY CHERIAN .		

BILL DATE 02/01/2024-15:52:32

SI No	CODE	DESCRIPTION	CHARGE	UNITS	DISCOUNT	NET
1		ER CONSULTATION CHARGES	500.00	1.0	0.00	500.00
2	IPREG	REGISTRATION CHARGES	300.00	1.0	0.00	300.00
3		NURSING CHARGES	250.00	1.0	0.00	250.00
4		ER SERVICE CHARGES	750.00	1.0	0.00	750.00
5		ER - TROPONIN - I	1,050.00	1.0	0.00	1,050.00
6	CE	E.C.G. COMPUTERISED	300.00	1.0	0.00	300.00

Received with thanks a sum of Three Thousand Hundred Fifty Only Net Amount 3,150.00
,MODE OF PAYMENT BY ONLINEPAYMENT (UPI) : Rs.3150 (APPNO : 0
,DATE : 2024-01-02)

Remarks : Discount 0.00 Amount Paid 3,150.00

For The Madras Medical Mission

ALOK KUMAR

" *** Caution : Refund for services not availed shall be obtained the same day by the patient"

Claimed for- United India Insurance Co. Ltd
Under VERIZON GROUP Policy

B Jayash
10/01/2024



47

NAME : Mrs. MANJULATA NAYAK (58 Years/Female) UHID : 20240100088C

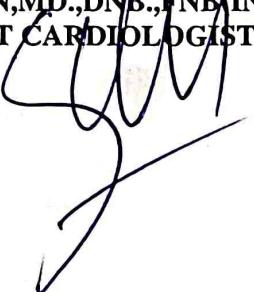
Address : 242, BIRAMANIPUR, BYASANAGAR,,JAJPUR
ROAD,
JAJPUR - 755019

AGE/SEX : 58 Years/Female

Admission Date : 02/01/2024

PRESCRIPTION DETAILS						
S.NO	DRUG NAME (GENERIC NAME) IN CAPITAL	DOSAGES	FREQUENCY	ROUTE	RELATIONSHIP WITH MEAL	DURATION
DRUGS TO BE CONTINUED TILL NEXT REVIEW						
1	TAB. ECOSPRIN (ASPIRIN)	75 MG	0-1-0	ORAL	AFTER FOOD	TILL REVIEW
2	TAB. BRILINTA (TICAGRELOR)	90 MG	1-0-1	ORAL	AFTER FOOD	TILL REVIEW
3	TAB. NOVASTAT (ROSUVASTATIN)	40 MG	0-0-1	ORAL	AFTER FOOD	TILL REVIEW
4	TAB. BETALOC (METOPROLOL)	25 MG	1-0-1	ORAL	AFTER FOOD	TILL REVIEW
5	TAB. FLAVEDON MR (TRIMETAZIDINE HCL)	35 MG	1-0-1	ORAL	AFTER FOOD	TILL REVIEW
6	TAB. NIKORAN OD (NICORANDIL)	10 MG	1-0-0	ORAL	AFTER FOOD	TILL REVIEW
7	TAB. PANTOCID (PANTAPRAZOLE)	40 MG	1-0-0	ORAL	30 MINUTES BEFORE FOOD	TILL REVIEW
8	TAB. ANXIT (ALPRAZOLAM)	0.25 MG	0-0-1	ORAL	AFTER FOOD	3 DAYS
9	SYP. DUPHALAC	15 ML	0-0-1	ORAL	AFTER FOOD	SOS
DIABETIC DRUGS TO BE CONTINUED TILL NEXT REVIEW						

DR.U.KALAICHELVAN,MD.,DNB.,FNB(INTERVENTIONAL CARDIOLOGY),,
SENIOR CONSULTANT CARDIOLOGIST
REG.NO:65077



Claimed for - United India Insurance Co. Ltd under
VERIZON Group Policy

Blayah
10/01/2024

48



A UNIT OF THE MADRAS MEDICAL MISSION

ADVANCE RECEIPT

PATIENT NAME :	MRS. MANJULATA NAYAK	UHID :	20240100088C
RECEIPT NO. :	20231400016528	DATE :	02 Jan 2024 18:49:06
PAYMENT TYPE :	Online Payment	IP NO. :	202401020041
Received with thanks from MRS. MANJULATA NAYAK a sum of Rupees 50,000.00 (RUPEES FIFTY THOUSAND ONLY) by Online Payment (Transaction No:7755792, Wallet Type:UPI, Transaction Date:02/01/2024) towards advance deposit.			

Claimed for - United India Insurance
under VERIZON GROUP policy

Co. Ltd

For MMM Hospitals
SATHISH KUMAR



B Nayak
10/01/2024



A UNIT OF THE MADRAS MEDICAL MISSION

49

ADVANCE RECEIPT

PATIENT NAME :	MRS. MANJULATA NAYAK	UHID :	20240100088C
RECEIPT NO. :	20231400016620	DATE :	03 Jan 2024 18:59:40
PAYMENT TYPE :	CARD	IP NO. :	202401020041

Received with thanks from MRS. MANJULATA NAYAK a sum of Rupees 200,000.00
(RUPEES TWO LAKH ONLY) by Card (Card No:561028,
Bank Name:HDFC,Card Date:03/01/2024) towards advance deposit.

Claimed for - United India Insurance Co. Ltd
under VERIZON GROUP policy

For MMM Hospitals
SATHISH KUMAR

Bhayak
10/01/2024



http://193.1.1.231/mmm_chennai/modules/ecombill/advance_pdf.php?...

SO



A UNIT OF THE MADRAS MEDICAL MISSION

IN-PATIENT RECEIPT

PATIENT NAME :	MRS. MANJULATA NAYAK	UHID :	20240100088C
RECEIPT NO. :	202311000005283	DATE :	05 Jan 2024 16:13:00
PAYMENT TYPE :	CARD	IP NO. :	202401020041

Received with thanks from MRS. MANJULATA NAYAK a sum of Rupees 52,683.00
(RUPEES FIFTY TWO THOUSAND SIX HUNDRED AND EIGHTY THREE ONLY) by Card (
Card No:814502,
Bank Name:HDFC,Card Date:05/01/2024) towards final settlement.

Claimed for- United India Insurance Co. Ltd
under VERIZON Group policy

For MMM Hospitals

Bhayat
10/01/2024





THE MADRAS MEDICAL MISSION

An ISO 9001: 2015 Certified Hospital

Units:

Institute of Cardio – Vascular Diseases

Institute of Reproductive Medicine & Women's Health

Institute of Kidney Diseases, Urology & Organ Transplantation

OP PHARMACY - MAIN BLOCK

DL NO:1383/ZIV/20&21 GSTNO:33AAATT0433G1ZY

Institute of Gastroenterology & Liver Diseases

Pondicherry Institute of Medical Sciences

MMM College of Health Sciences

MMM College of Nursing



51

PATIENT NAME : MANJULATA NAYAK		UHID : 20240100088	
PRESCRIBED BY : DR.KALAIHELVAN U		DATE : 05/01/2024 17:38:36	
SI. No.	Particulars	HSN CODE	Batch
1	UDAPA M 10/500MG XR TAB -10S	30049099	BRD08075A-
2	DIAPRIME PLUS TAB-10S	21069099	FD012307K-
3	ECOSPRIN 75MG TAB -14S	30049062	04009879-
4	BRILINTA 90MG TAB-14S	30049099	BN2317--20
5	BETALOC 25MG TAB-30S	30049074	BT2320--20
6	FLAVEDON MR TAB -10S	30049099	ME052311-
7	NIKORAN-OD 10MG TAB -10S	30049099	2820K004-
8	PANTOCID 40MG TAB 15S	30049039	SIE2304A--
9	DUPHALAC 150ML SYP	30049039	563161D7-
10	NOVASTAT 40MG TAB-15S	30049099	U301005-2
Billed By :	dinesh		
Total	8517.56	Type	Total
Discount	766.56	CARD	7751.00
Net Total	7751.00	SGST	428.07
	Net Total	CGST	428.07

Pharmacist's Sign

Claimed for - United India Insurance Co. Ltd, Under *B Jayesh*
VERIZON GROUP Policy For Madras Medical Mission
Returned Medicines will only be accepted within 1 month of purchase in exchange for other medicines. 10/01/2024