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2882 KPN  
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024046241  
 Name of the Patient : Mr. Sundararajan  
 UAN of IP :  
 Address/Contact No : Default Default Default Chennai Tamilnadu INDIA  
 Identification marks (if any) :  
 IP/Beneficiary/Staff : Beneficiary  
 Relationship with IP/Staff : Dependant father  
 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 -  
 16-Sep-2024

Insurance No/Staff/ Pensioner Card  
 Age/Gender : 56 Years /Male

5131507943  
 UHID : TN01.0015118628



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : 1795 - FFR +

Coronary angiography for CAD

WIRE COST of

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS  
 Department Diagnostic Cardiology

Date & Time of Referral : 06-Sep-2024 12:12:46 PM

Name and Designation of the Referring Doctor  
 Dr. KOTHAI GNANAMOORTHY - Associate Professor

Or, Agreeing to / contradicting the above, I voluntarily choose  
 for my (relationship).

Hospital for treatment of self or

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:

A. SWAKUMAR

N.B.

The entitlement eligibility of the patient should also be verified through IP Portal at [www.esic.in](http://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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06-09-2024