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5666 KKN  
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

## Referral Letter



DO NOT MUTILATE THE QR CODE

623567

Referral No : Tamil2024043287  
 Name of the Patient : Ms. SAGUNTHALA  
 UAN of IP : ETTIYAPPAN  
 Address/Contact No :  
 Identification marks (if any) :  
 IP/Beneficiary/Staff : Beneficiary  
 Relationship with IP/Staff : Dependant mother  
 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 -  
 01-Sep-2024

Insurance No/Staff/ Pensioner Card : 5132253341  
 Age/Gender : 49 Years /Female UHID : HKKN.0000276748

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lack of facility

Name of the empanelled hospital whereto refer

Hospital  
Department

MEDWAY HOSPITALS  
Cardiology

Date &amp; Time of Referral : 22-Aug-2024 10:37:32 AM

Name and Designation of the Referring Doctor

Ms. USHALAKSHMI S - Associate Professor

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

Date and Time: 22/8

Hospital for treatment of self or

Referred to Department of

Hospital/Diagnostic

Centre for (Reason/purpose for referral).

(VERIFIED &amp; RECOMMENDED BY)

(Signature, Name &amp; Designation)

Date &amp; Time:

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name &amp; Designation)

Date &amp; Time:

Dr. S. USHALAKSHMI, M.D. FRAC  
 Associate Professor  
 Department of Cardiology  
 ESIC Medical College & Hospital  
 K.K. Nagar, Chennai-78

K.K. Nagar, Chennai-78

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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