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CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
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			Amenga (Providence)				
PHAR	MACY				AMRIII	ANCE	
OT DRUGS REPLACED :	£ .	601- COG- 11903 2718/24					
CROSS MATCHING:			я				
RESERVATION PF BLOOD) :						
STERILE TRAY USED :							
TRANFUSION (BLOOD)							
ATTENDER'S HOLDING:							
OTHER PROCDURES :							
Admission Officer: ARRI HI					30	Sister I	n-charge

(Form P-1)

Referral No

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

6,23554



: Tamil2024043287 : Ms. SAGUNTHALA

: ETTIYAPPAN

Insurance No/Staff/ Pensioner Card Age/Gender : 49 Years /Female

: 5132253341

UHID : HKKN.0000276748

Name of the Patient UAN of IP Address/Contact No

Identification marks (if any)

IP/Beneficiary/Staff

Relationship with IP/Staff **Entitled for Specialty Rx**

Entitled Super Specialty Rx Diagnosis

CGHS (Name and Code)*

: Beneficiary

: Dependant mother : YES

:YES

: ICD - Atherosclerotic heart disease - I25.1 Remarks :

: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto -

01-Sep-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

MEDWAY HOSPITALS

Department

Cardiology

Dr. S. USHALAKSI सह प्राप्टाक Associa Buffrand Coparament ESTS THE COLOS TO SEE & NO. 15 A come of the said

of the stead College British

Date & Time of Referral:

22-Aug-2024 10:37:32 AM

Name and Designation of the Referring Dector Ms. USHALAKSHMI S - Associate Professoral AKSHMI. M. D. Dr. S. USHALAKSHMI A SACIATE FI

Hospital for treatment of self proper Department of NEDWAY व राजाल कि कि करण Or, Agreeing to / contradicting the above, I voluntarily choose Mother (relationship).

Date and Time: 274

Signature/Thumb Impression of IP/Beneficiary/Staff

Hospital/Diagnostic

Department of_ Referred to ____

Centre for

_(Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY) (Signature, Name &Designation)

Date & Time:

(AUTHORISED SIGNATORY WITH STAMP) (Signature hand Aposignation uperintende 11

Date & Tipo: Medica: C de & Hospitai K.K. Nagar, Chennai-78

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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 any additional procedure only those procedure/treatment for which the patient has been referred to. In case is mandatorily required from treatment /investigation is essentially required to be carried out, permission for the same 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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22-08-2024

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