

[illegible]

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

2799
KKN

DO NOT MUTILATE THE QR CODE

Referral No

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)*

: Tamil2024045316

: Mr. Deepala Prabakara Rao

: \2020_12_16\TN01.0004273516_QRC

: NO.62, ANNA STREET, VALASARAVAKKAM, CHENNAI-600087 Chennai

: Tamilnadu INDIA -

: IP

: Self

: YES

: YES

: ICD - Acute myocardial infarction, unspecified - I21.9 Remarks :

: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /

: Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto -

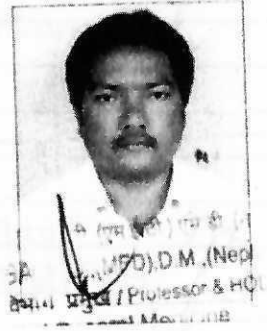
12-Sep-2024

Insurance No/Staff/ Pensioner Card

Age/Gender : 53 Years /Male

: 5121366230

UHID : TN01.0004273516



Dr. Krishna Venkatesh Balla, D.M. (Nephrology) / Professor & HOD

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

Date & Time of Referral : 02-Sep-2024 01:17:48 PM

Name and Designation of the Referring Doctor

Dr. Krishna Venkatesh Balla - PROFESSOR

सामान्य दवा / General Medicine

क रा के नि चिकित्सा महाविद्यालय, के के नगर, चेन्नई-78

Hospital for treatment of self on

के के नगर, चेन्नई-78

Signature/Thumb Impression of IP/Beneficiary/Staff

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(VERIFIED & RECOMMENDED BY)

(Signature, Name & Designation)

Date & Time:

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time: 02-Sep-2024 01:17:48 PM

ESIC Model Hospital & Hospital

K.K. Nagar, Chennai-78

N.B.

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 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.

02-09-2024

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