

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024046701
 Name of the Patient : Mr. Somakumar C
 UAN of IP :
 Address/Contact No :
 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
 CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /
 Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto -
 20-Sep-2024

Insurance No/Staff/ Pensioner Card

: 5131102155

Age/Gender : 67 Years /Male

UHID : HKKN.0000278007



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Cardiology

डॉ नलिनी कुमारवेलु, एम.बी.
 Dr. Nalini Kumaravelu, M.D.
 प्राध्यापक एवं विभाग प्रमुख / Professor & Head
 सामान्य चिकित्सा / General Medicine
 क.रा.वी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
 E.S.I.C. Medical College and Hospital
 क.के. नगर, चेन्नई - 78 / K.K. Nagar, Chennai-78.

Date & Time of Referral : 10-Sep-2024 09:13:00 AM

Name and Designation of the Referring Doctor

Dr. Nalini Kumaravelu, M.D.

प्राध्यापक एवं विभाग प्रमुख / Professor & HOD

सामान्य चिकित्सा / General Medicine

क.रा.वी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
 E.S.I.C. Medical College and Hospital
 क.के. नगर, चेन्नई - 78 / K.K. Nagar, Chennai-78.

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

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:

ESIC Medical College & 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.

Printed By : nalikuma

Ph. 735840966

10-09-2024



CAU

MHI/DP/2022/104



BILLING CARD



Patient Name _____

IP No. _____

Room No. _____

Mr.SOMAKUMAR C(ESI)

67/Male/MHI202485761

12/09/2024:IP112024002136

Dr.K.JAISANKAR



D.O.A. 12/9/24 Time 10:53 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
12/9/24	10.53	Re Admission	Cath Lab RL	Phar
12/9/24	11.50	RL	Cath Lab	Phar
12/9/24	11.50	Cath Lab	RL	Phar

OPERATION THEATRE

Date	: 12-09-24	OT No.	: Cath Lab
Surgeon	: Dr. Jy.	Start Time	: 12.12 PM
I Asst. Surgeon	:	End Time	: 12.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Prigna RN	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]