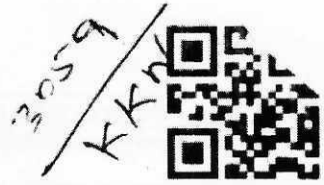


[illegible]

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

UTID 6299104

Referral No : Tamil2024042759

Insurance No/Staff/ Pensioner Card

: 5116843294

Name of the Patient

: Mr. Selvaraj Narayanan

Age/Gender : 52 Years /Male

UHID : TN/ 5116843294

UAN of IP

: \2020_10_12\TN01.0000511158_QRC

Address/Contact No

: PLOT NO.61,KAMATCHI NAGAR MADHANANDHAPURAM,PORUR CHENNAI

Identification marks (if any)

: Chennai Tamilnadu INDIA

IP/Beneficiary/Staff

: IP

Relationship with IP/Staff

: Self

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 -
25-Sep-2024

Remarks Additional Clinical Information/Procedure/Investigation

CORONARY ANGIOGRAPHY

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 : 15-Sep-2024 10:40:29 PM

Name and Designation of the Referring Doctor

Dr. S. USHALAKSHMI S - Associate Professor

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

MODWAY

Hospital for treatment of self or

Date and Time

13/9

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to Department of

Hospital/Diagnostic

Centre for (Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY) FOR SST

(Signature, Name & Designation)

Date & Time

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time

E.S.I.C. HOSPITAL
CHENNAI-600 078.

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.

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15-09-2024

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