MHI/DP/2022/104

Medway Hos The way to better (A Unit of United Alliance Health

Mr.RAYAR K (ESI) 63/Male/MHI202486101







Patient Name IP No Room No.			D.O.A. 30/9/24 Time 11:24 Am							
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Surgeon		ananal	ely	OT No. : Cath Cas II Start Time : 13.05						
l Asst. Surge	eon :			End Time :						
II Asst. Surg				Dis. Pack :						
III Asst. Surg	jeon :			Diathermy :						
Anaesthetis	t ;			C-Arm :						
OT Nurse	: RIN	prigs		Arthroscopy:						
Name of Sur	rgery:	CAY		Laproscopy :						
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				Inj. Fentanyl : 2ml 10ml/inj. monphi:						
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CROSS MATCHING :								
RESERVATION PF BLO	OD:							
STERILE TRAY USED :								
TRANFUSION (BLOOD)							
ATTENDER'S HOLDING	::							
OTHER PROCDURES :						er.	,	
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Admission Officer:						Sister	In-charge	

(Farm P-1)

Employees State Insurance Corporation



KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



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)*

: Tamil2024048912

: Mr. K Rayar

Insurance No/Staff/ Pensioner Card

Age/Gender : 55 Years /Male

: 5130013133

DI. S. ABARM

मराधाः अतः मामार शिल्मन १००० -

UHID : TN01.0014243241

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: Default Default Ariyalur Tamilnadu INDIA

: Beneficiary

: Dependant father : 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-Oct-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

Department

MEDWAY HOSPITA

Cardiology

Name and Designation of the Recentled Doctor

TERMINETTO SEP BL.M.S.R.

1-37K K. Nagar, Chennal 600 Ui8 क्र.ग.बी नि. विकित्सा SIC Medical College

Signature/Thumb Impression of IP/Beneficiary/Staff

Date & Time of Referral:

21-Sep 2024 11:57:45 AM

of the above, I voluntarily choose

Department of

Hospital/Diagnostic

Referred to Centre for

(Reason/gurpose Tor referral).

(VERIFIED & RECOMMENDED BY)

Date & Time

(Signature, Name &Designation)

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation

MEDICAL SUPERINTENDENT क.श.बी.चि. अम्पतान

E.S.I.C. HC

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 treatment /investigation is essentially required to be carried out, permission for the any additional procedure / the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or is mandatorily required from as per the contract swhichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.