



ESI

MHI/DP/2022/104

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STERILE TRAY USED :								
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ATTENDER'S HOLDING:								
OTHER PROCDURES:								
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Admission Officer :						Sister I	n-charge	

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR COD

: 5131166210 Insurance No/Staff/ Pensioner Card : Tamil2024051385 UHID : MARN.0000005248 Referral No Age/Gender : 51 Years /Female : Ms. DURGA VIJAYAKUMAR Name of the Patient UAN of IP Address/Contact No Identification marks (if any) : Beneficiary IP/Beneficiary/Staff : Dependant mother Relationship with IP/Staff डॉ. एस. उर विक्सी : YES **Entitled for Specialty Rx** :YES **Entitled Super Specialty Rx** : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Processes SHALAKSH Treatment / Investigations - No Of Sections All Diagnosis Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Uptage - STEATURE / ASST 14-Oct-2024 CGHS (Name and Code)* द्वा विभाग/DepayX 14-Oct-2024 क.रा.वा.नि. नि Remarks Additional Clinical Information/Procedure/Investigation lack of facility Reasons / Purpose for Referral Investigations/Rx/Procedure: डॉ. एस. उपालक्ष्मी Dr. S. USHALAKSHMI, M.D., FIAMC. MEDWAY HOSPITALS सह - प्राध्यापक/Associate Professor Hospital Name of the empanelled hospital whereto refer Cardiology Department दवा निक्साम/Department of larg Name and Designation of the Referring Soctor, 1822 & Ms. USHALAKSHMI S - Associate Professor 04-Oct-2024 09:44:21 AM Date & Time of Referral: Hospital for treatment of self or Or, Agreeing to / contradicting the above, I voluntarily choose Signature/Thumb Impression of IP/Beneficiary/Staff Date and Time Hospital/Diagnostic Department of Referred to (Reason/purpose for referral). Centre for (AUTHORISED SIGNATORY WITH STAMP) (VERIFIED & RECOMMENDED BY) (Signature) Name & Designation) (Signature, Name & Designation) Date & Jime: 14 AT Date & Time:

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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04-10-2024