

MEDICAL REFERRAL FORM FOR NEIGRIHMS EMPLOYEE
& DEPENDANTS

NEIGRIHMS, Shillong

No. NEIGR/...../...../20.....

Date.....

Referral Medical Treatment of

Mr/Mrs/Miss..... who was under my treatment at NEIGRIHMS as OPD/ Indoor/ Private Ward patient w.e.f up tosince, the further required medical management modality in her/his case is not available at this Institute at present; the patient is fit to be referred outside NEIGRIHMS.

Name of the Patient:

Mr/Mrs/Ms.....

Age.....

Sex.....

CR No.....

IP No

Diagnosis.....

Referred to.....

Reason for referral: (For)

.....

Recommendation for outward journey alongwith one or two escort(s) by Air* travel is made/travel for outside treatment is allowed as per entitlement.

* Mode of travel as per entitlement

* Recommended mode of travel

Approximate estimated cost of treatment will be Rs

Relationship of Patient with Govt. Employee:

Father/ Mother/Wife/Son/Daughter/Dependent

Name of the Govt. Employee: Mr/Mrs/Ms.....

Designation..... and Department.....

Signature of the Medical Attendant

Name :

Designation/ Seal

As per approval by the Medical Board dated.....

* Note:

- Recommendation for Air travel is essential since travel by any other mode may endanger the life of the patient.
- If recommended mode of travel (Air) is not as per entitlement then justification be given

Issuing Authority

(Medical Superintendent)
Cum
Chairman Medical Board