

INDIAN INSTITUTE OF PETROLEUM AND ENERGY

VISAKHAPATNAM

OUTPATIENT REFERRAL FORM

1. Name of Employee/Student & Code :
2. Contact No of the Employee/Student :
3. Name of the Patient :
4. Relationship with the Employee :

(As per Service Record)

1. Is patient is dependent on Employee : YES /NO/NOT APPLICABLE

(As per Service Record)

1. Patient’s Aadhar No :
2. Age & Gender of the Patient :
3. Tentative date/week of visit to Hospital : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I voluntarily choose ***Hospital*** for OPD treatment.

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# Date: Signature of the Employee/Student

FOR OFFICE PURPOSE

1. Referred to ***Hospital*** for OPD treatment on cashless basis/self-payment on CGHS Rates. This OPD referral form is valid till\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. OPD Referral No: IIPE/RG/RF/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date: Sign & Stamp of Authorized Signatory, IIPE**

# CHECKLIST (FOR EMPLOYEES)

1. Duly filled & signed referral proforma. **2.** Employee ID Card./ Aadhaar Card

**DIAGNOSIS/ CASE SUMMARY/ TESTS CONDUCTED**

**(TO BE FILLED BY THE HOSPITAL)**

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# Signature of Authorized signatory of the Hospital

The referred hospital is requested to raise the bill as per the agreement on the standard proforma enclosing this institute-issued referral form and other supporting documents giving the account number and RTGS number etc., addressed to ‘The Registrar, Indian Institute of Petroleum and Energy, 2nd Floor, Main Building, AU College of Engineering, Visakhapatnam – 530003, Tele : 0891-2856012.’