**INDIAN INSTITUTE OF PETROLEUM AND ENERGY VISAKHAPATNAM**

**OUTPATIENT REFERRAL FORM**

OPD Referral No (filled by Office) :

Employee Name & Code :

Contact No of the Employee :

Name of the Patient :

Relationship with the Employee :

Patient’s Aadhar No :

Age & Gender of the Patient :

Tentative date of visit to Hospital :

I voluntarily choose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital for OPD treatment of self or my \_\_\_\_\_\_\_\_\_\_\_\_\_.

### Signature of the Employee

Referred to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital for OPD treatment on cashless basis/ self-payment on CGHS Rates.

### Date: Sign & Stamp of Authorized Signatory of the Institute

Diagnosis/ /case summary/ tests conducted:

(to be filled by the Hospital)

### Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.’

#### Checklist (for employees)

1. Duly filled & signed referral proforma.
2. Employee ID Card./ Aadhar Card (in original).

Contact details (Hospital Authorities):