



# 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)
5. Is patient is dependent on Employee : YES /NO/NOT APPLICABLE  
(As per Service Record)
6. Patient's Aadhar No :
7. Age & Gender of the Patient :
8. Tentative date/week of visit to Hospital : \_\_\_\_\_ to \_\_\_\_\_
9. I voluntarily choose \_\_\_\_\_ **Hospital** for OPD treatment.

Date: \_\_\_\_\_

Signature of the Employee/Student

### **FOR OFFICE PURPOSE**

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

Date: \_\_\_\_\_

Sign & Stamp of Authorized Signatory, IPE

### **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)**

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, 2<sup>nd</sup> Floor, Main Building, AU College of Engineering, Visakhapatnam - 530003, Tele : 0891-2856012.'