

**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 _____

VISAKHAPATNAM

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):