



# ESIC MODEL HOSPITAL, JAIPUR

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PHOTOGRAPH OF PATIENT (OPTIONAL)

## REFERRAL FORM (PERMISSION LETTER)

Referral No. :

DATE :

NAME OF THE PATIENT :  
AGE/SEX :  
IP NO./STAFF CARD NO./PENSIONER CARD NO. :  
ADDRESS CONTACT NO. :

IDENTIFICATION MARK (IF ANY) :  
IP/BENEFICIARY/STAFF :  
RELATIONSHIP WITH IP/STAFF :  
ENTITLED FOR SPECIALITY/SUPER SPECIALITY TREATMENT: YES : NO :  
DIAGNOSIS / CLINICAL OPINION / CASE SUMMERY :

RELEVANT TREATMENT GIVEN/PROCEDURE/ :  
INVESTIGATION DONE IN REFERRING HOSPITAL

TREATMENT/PROCEDURE/INVESTIGATION FOR WHICH PATIENT IS BEING REFERRED :  
(MENTION SPECIFIC DIAGNOSIS FOR REFERRAL)

I VOLUNTARILY CHOOSE ..... HOSPITAL FOR TREATMENT OF SELF OR MY .....

SIGN/THUMB IMPRESSION OF IP/BENEFICIARY/STAFF

REFERRED TO ..... HOSPITAL/ DIAGNOSTIC CENTRE, JAIPUR

FOR .....

DATE .....

SIGN & STAMP OF AUTHORIZED SIGNATORY\*\*

\*\* IN CASE OF EMERGENCY, SIGNATURE OF REFERRING DOCTOR OR CASULTY MEDICAL OFFICER. RECORD TO BE MAINTAINED IN THE REGISTER. NEW FORM DULY FILLED WILL BE SENT AFTER SIGNATURE OF THE COMPETENT AUTHORITY ON THE NEXT WORKING DAY.

### MANDATORY INSTRUCTION FOR REFERRAL HOSPITAL:-

1. REFERRAL HOSPITAL IS INSTRUCTED TO PERFORM ONLY THE PROCEDURE/TREATMENT FOR WHICH THE PATIENT HAS BEEN REFERRED TO.
2. IN CASE OF ADDITIONAL PROCEDURE/TREATMENT/INVESTIGATION IF ESSENTIALLY REQUIRED IN ORDER TO TREAT THE PATIENT FOR WHICH HE/SHE HAS BEEN REFERRED TO, THE PERMISSION FOR THE SAME IS ESSENTIALLY REQUIRED FROM THE REFERRING HOSPITAL EITHER THROUGH E-MAIL, FAX OR TELEPHONICALLY (TO BE CONFIRMED IN WRITING AT THE EARLIEST).
3. THE REFERRED HOSPITAL IS REQUESTED TO RAISE THE BILL AS PER THE AGREEMENT ON THE STANDARD PERFORMA ALONG WITH SUPPORTING DOCUMENTS WITHIN AGREED PERIOD OF DISCHARGE OF THE PATIENT GIVING ACCOUNT NUMBER AND RTGS NUMBER ETC.

### CHECK LIST FOR REFERRING HOSPITAL:-

1. DULY FILLED & SIGNED REFERRAL PERFORMA.
2. COPY OF INSURANCE CARD/PHOTO I CARD OF IP.
3. REFERRAL RECOMMENDATION OF THE SPECIALIST/CONCERNED MEDICAL OFFICER.
4. COPY OF ENTITLMENT EVIDENCE OF SPECIALITY/SUPER SPECIALITY TREATMENT.
5. REPORTS OF INVESTIGATIONS AND TREATMENT ALREADY DONE.
6. PHOTOGRAPH IF AVAILABLE

DATE : .....

SIGN AND STAMP OF COMPETENT AUTHORITY