

PROFORMA

(To be filled up by the Authorized Medical Attendant when a patient is referred to other Hospitals within/outside the State)

- 1 . Name and address of Patient.

2. Whether employed, if so details such as
 - (a) Pay & Scale of Pay
 - (b) Office in which employed
3. Residential address of the patient

4. Place at which the patient fell ill
- 5 Whether hospitalized or not
- 6 If hospitalized whether in Government Hospital/
Private Hospital with name of Hospital
- 7 If advised hospitalization outside the State the
Hospital where the patient is admitted first
State the reason for outside hospitalization
- 8 Details of permission granted for
outside treatment

Signature of Authorized Medical Attendant

9. (i) Remarks of Unit Chief/ head of Department

- (ii) Remarks of superintendent of Hospital

Counter Signature of DME/DHS