



Government of India



Department of Atomic Energy
Heavy Water Plant (Talcher)
Anugul Vikrampur, Odisha – 759106
MEDICAL REFERRAL LETTER
Institute of Physics Bhubaneswar



Referral No:

Date of issue: ___/___/20___
Valid for 7 days from the date of issue

#	Description	Particulars
1	Name of Employee:	
2	Designation of Employee:	
3	Employee Code No:	
4	Employee's present pay:	
5	Entitled class of accommodation:	
6	Name of the Patient:	
7	D.O.B / Age of Patient:	
8	CHSS No. of the Patient:	
9	Sex:	
10	Relationship with the Employee:	
11	Diagnosis:	
12	Referred for:	
13	Name of the Hospital referred:	
14	Ambulance provided:	
15	Escort Requirement:	
16	Referred by:	

Signature of Employee

Medical Officer

Registrar

Note: In case of non-availability of entitled class of accommodation and admission is given in higher class of accommodation due to any reason, the differential amount shall be paid by the employee.

Employees are required to carry CHSS Card of the patient and produce them during registration/hospitalisation at the referral hospital for verification.