

V.O.CHIDAMBARANAR PORT TRUST**MEDICAL DEPARTMENT****DETAILS OF PATIENTS REQUIRED TO BE REFERRED TO OTHER INSTITUTIONS**

1. Name of the patient :
2. Age :
3. Sex :
4. Name & Designation of the employee
To whom the patients relates and
Department of which he / she is
Working :
5. Employee No. :
6. Basic pay of the Employee :
7. Relationship of the Employee :
8. Medical Registration Card No. /
E.E. No. / I.P. No. :
9. Nature of Illness :
10. To whom the case is referred :
11. Nature of scan and part of the
Body to be scanned :
12. Name of Scan centre :

Escort / Ambulance allowed

Duty Medical Officer / VOCPT

Case History

Submitted to CMO for approval please

CMO