

V.O.CHIDAMBARANAR PORT TRUST

MEDICAL DEPARTMENT

No.

Dated:

To

Sub:- Referring retired employees / spouse of VOCPT for
treatment at empanel Hospital - Reg.

Sir,

I am hereby referring (I) Name :

(II) Age : (III) Sex : Self / Spouse

(IV) R.E. Card No : (V) I.P. No. :

a case of

for further management / Scan.

- 2. The treatment charges **may be collected from the patient directly** by issuing cash receipt , Case summary, etc., Port Trust will not make payment directly to the Hospital.
- 3. **The patient can claim reimbursement as CGHS rates.**
- 4. The reference letter is valid for 10 days from the date of issue.
- 5. The case history of the patient is furnished below:

Yours faithfully,

CHIEF MEDICAL OFFICER

V.O.CHIDAMBARANAR PORT TRUST

TUTICORIN - 628 004