

S. NO (1) Sample

one unit = 1 + 3 = 4

white, pink, yellow, green
① ② ③ ④

Uranium Corporation of India Limited, Tummalapalle Project

(Govt. of India Enterprise)

M.C.Palle - Post, Vernula-Mandal, YSR Kadapa - District, AP.

REFERRAL LETTER

(For OPD / In Patient / Emergency)

Ref No:-

Date:

OPD Reg No. / Hosp No. :

Time:

To

Sir,

The patient Shri/Smt/Kumari _____ Age _____ Sex _____

W/o, S/o, D/o, F/o, M/o, H/o, (Name of employee) _____

Emp. No. _____ Dept. _____ Designation _____ suffering

with _____ and diagnosed as _____ is

referred to your hospital _____ department for kind examination /
treatment investigation.

- Hospital/treatment/investigation charges will be borne by us according to your prescribed tariff with _____ discount as finalised & agreed by us.
- The patient may be admitted as inpatient in _____ if required.
- The investigation report may be handed over to the party or sent by post.
- The bill in duplicate may be sent to head office Jaduguda mentioning Ref No/ OPD Regn. No/ Hospital No. with date against the patient name or supported by a copy of this letter for early payment.

Note: Patient's ID card with photo affixed is to be verified at your end.

Your's faithfully

For Chief Medical Officer

CC to HOD
CC to: Treasure
(Form No: MED/39)

S.No. 2 sample (only white)
URANIUM CORPORATION OF INDIA LIMITED, JADUGUDA HOSPITAL

(Government of India Enterprise)

PO - Jaduguda Mines, Dist- East Singhbhum, Jharkand -832102

REFERRAL LETTER

(For O.P.D. / EMERGENCY / INDOOR PATIENT)

Ref.No.

Date:

OPD Regn. No./Hospital No.

Time:

To:

Sir,

The Patient Shri / Smt/ Kumari Age.....

W/o, S/o, D/o, F/o, M/o, H/o (Name of employee)

Dept..... Design..... Emp. No.....

is referred to your hospital / clinic for kind examination / treatment / investigation as follows:

1. a)

b)

2. Hospital / Treatment / Investigation charges will be borne by us according to your prescribed charges.

3. The patient may be admitted as in-patient in general ward / cabin if required.

4. The investigation report may be handed over to the party or sent to us by post.

5. The bill in duplicate may be sent to us mentioning Ref.No./OPD.Regn. No./Hospital No.
with Date against the patient name or supported by a copy of this letter for early payment.

Note: Patient's Identity Card with photo affixed is to be verified at your end.

CC to HOD

CC to Treasure,

(Strike out whichever is not applicable)

(Form No. MED/39)

Your faithfully,

For Chief Medical Officer.