

## ReferMedi - Referral Request Form

### Why this form?

As this platform heavily relies on the fact that the patient's can be transferred from one hospital to another without going through the tremendous amount of paper work and thus it can save their life. So, we want to ensure that the **hospital who is referring the patient and the hospital to which the patient is being referred** knows each details of the patient and before finalizing the transfer process through the application, they must sign this document and fill out the fields.

### Hospital that is referring the patient

Name	
Email	

### Patient who is being referred

Name	
Age	
Email	
Disease	
Reason for referral	

Decide whether your hospital is able to accept the patient or not? In case of decline, also fill the reason for the same.

### Hospital to which the patient is being referred

Name	
Email	

Signature

Date: