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REQUEST FOR REFERRAL TO ECHS EMPANELLED HOSPITAL

1. I ECHS No.....have been
diagnosed with-

(a).....

(b).....

(c).....

2. I have been offered admission and treatment at CHAF (B).

3. I want to request you to refer me to an ECHS empanelled hospital for further
management.

4. I also understand that if any complications arise from management in an
empanelled hospital, it has to be preferably managed in an ECHS empanelled hospital
only.

(SIGNATURE OF PATIENT/NOK)