

**CHIEF MINISTER AROGYA ARUNACHAL YOJANA (CMAAY)****REFERRAL LETTER**

**Note:** If this referral letter is signed & stamped by a government hospital which could be a PHC, CHC or district hospital which certifies the beneficiary to take treatment in any of the out of state empanelled hospital to avail cashless treatment provided it is part of the pre-defined procedures.

SR. NO.	PARTICULARS	INFORMATION
1	NAME OF THE PATIENT :	
2	AGE :	
3	GENDER :	
4	ADDRESS:	
5	CASE HISTORY :	
6	DIAGNOSIS :	
7	PAST MEDICAL HISTORY :	
8	TREATMENT GIVEN :	
9	TREATMENT ADVISED :	
10	PACKAGE TO BE UTILIZED :	
11	DURATION OF TREATMENT :	
12	NAME OF THE HOSPITAL RECOMMENDED:	
13	REASON FOR REFERRAL (MANDATORY) :	

Expertise :

Equipment :

Facilities :

Other Reasons :

I certify that the above named patient, to the best of my medical judgment require referral to higher centre for the reason(s) mentioned above. I have informed my patient and/or family about the need for referral. I understand that MSP/PMU can contact me to review and verify my action. I further certify that I am member of APHS and responsible for the medical dereliction of my patient's care.

**HOSPITAL INFORMATION**

NAME OF THE DOCTOR :	
DESIGNATION :	
NAME OF THE HOSPITAL :	
ADDRESS OF THE HOSPITAL :	
APMC REG No. :	
MOBILE NUMBER :	
STAMP & SIGN OF THE HOSPITAL :	

**Note** : - If the patient goes directly to the hospital out of state without approval of the govt. Doctor, this will be repudiated / rejected.