

Contributory Health Service Scheme (CHSS), Department of Atomic Energy, Kalpakkam 603102

REFERENCE LETTER

(To be used for CHSS beneficiary by the Authorized Medical Attendant (AMA) nominated under CHSS)
(indicate name & address of center)

To _____

Date: _____

Sir,

I am herewith referring a case whose details are given below:

Name of patient : _____ Sex: M / F Age: ____ years;

CHSS card No. _____ Validity of card: _____ Relationship to employee: _____

Address: _____

Name of employee: _____ Designation: _____

Pay:Rs. _____ ICNo. _____ Unit: _____ Phone: _____

Brief case history / findings	Referred for

The bill for the treatment/tests along with details quoting the patient's name, CHSS card Number, employee's name and Unit may please be sent to the Medical Superintendent, Department of Atomic Energy Hospital, Kalpakkam 603102 for arranging payment.

Thanking you,

Yours faithfully,

AMA's name: Dr. _____

Registration No. _____

Clinic address: _____

Signature (with date)
AMA seal

Phone number: _____

NOTE to centers: Letter without required details need not be accepted. Enclose a copy of this reference letter and a copy of CHSS card of the patient with the bill without fail.

Centers recognized for issuing of referral letter:

1	LISTER METROPOLIS HEALTHCARE LIMITED, 3, Jagannathan Road, Nungambakkam, CHENNAI 600 034 (Ph: 42055555)	All investigations
2	NEUBERG EHRLICH LABORATORY PRIVATE LIMITED, 19, Masilamani Road, Royapettah, CHENNAI 600 014 (Ph: 28130514/28130460)	All investigations
3	MEDISCAN SYSTEMS, 197, (Old No.92), Doctor Natesan Road, (Near Chennai City Centre), Mylapore, CHENNAI 600 004 (Ph. 24663232)	Ultra sonogram tests