

PROFORMA FOR TREATMENT ABROAD CASES
(FILLED BY THE TREATING DOCTOR)

1. Name of the Beneficiary :
2. Designation :
3. Name of the Office :
4. Complete Address of Office :
5. Name of Patient :
6. Relationship of the patient with Beneficiary :
7. Diagnosis :
8. Brief history of the patient :
9. Details of important investigative/ diagnostic procedures /medical/ :

surgical treatment already carried out.

10. Recommendation of the treating :
doctor justifying treatment abroad.

11. Endorsement of Head of :
Department with reasons justifying
treatment abroad

12. Certificate to the effect that the :
treatment for the disease is not
available in India, to be
countersigned by the Head of the
Department/MS of the Hospital

13. Whether Attendant required/not :
required. If required, whether the
Attendant should be medical/para
medical personnel or otherwise
giving full justification for the same.

14. If not available in India, where (in :
:

which country/hospital) the
treatment could be taken.

Dated:

Signature of Treating Doctor
(With stamp)