



राष्ट्रीय विज्ञान शिक्षा एवं अनुसंधान संस्थान भुवनेश्वर
◁ परमाणु ऊर्जा विभाग, भारत सरकार का एक स्वयंशासित संस्थान ▷
NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH BHUBANESWAR
◁ An autonomous Institution under Department of Atomic Energy, Govt. of India ▷
HEALTH CENTRE (Dispensary) / स्वास्थ्य केंद्र

No:

Dated: __ __/ __ __/20__ __

To

Sub: Treatment of

As per the understanding made by the NISER with you for treatment of referral cases in your hospital on bill payment system at the existing CGHS rate of Bhubaneswar City, the above named patient is being referred for further treatment please. The details are as under.

1. Name of the Patient: Sex: Age:

2. Name of the Employee:

3. Designation/ Department/Station:

4. Relationship with the employee:

5. Diagnosis:

6. Investigations done:

7. Treatment given:

8. Investigations required:

9. Remarks:

The necessary bills in this connection may kindly be raised to NISER, Bhubaneswar. Cases requiring specific / special attention as regards treatment may kindly be intimated to the undersigned over Telephone or through letter.

with official seal

**Medical Officer
NISER, Bhubaneswar**