

GOVERNMENT OF WEST BENGAL

Office of the A.M.O., E.S.I. (M.B.) Scheme
P-233, C.I.T. Scheme-VII-M
Bagmari, Kolkata-700 054

Ref. No.

From Dr Code No.

Address

To

The Specialist in

The Undermentioned Insured Person is referred for opinion regarding diagnosis, special treatment etc.

Name Ins. No

Clinical Notes :

Provisional Diagnosis :

Date

*Signature of
Insurance Medical Practitioner
Insurance Medical Officer*

Special Report and Diagnosis :

Date

Signature