

STATEMENT OF CASES REFERRED TO DGEHS EMPANELLED STANDALONE DIAGNOSTICS CENTRES FOR THE MONTH OF _____, 2017 TO BE SENT TO THE O/o DELHI AROGYA KOSH LATEST BY 7TH DAY OF THE SUBSEQUENT MONTH.

Name of Hospital/ Polyclinic: _____

S.No	Name of Patient	Identity Proof	ID Proof No.	Name of Test	Code No	Referred by	Date

Name of Nodal Officer/ I/C Polyclinic: _____

Seal :

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Verified by Medical Director/ Medical Superintendent

Name: _____

Seal:

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