King George's Medical University
Patient Referral Form :

1- OPD	
2- Emergency	
3- Name	
4- Age	
5- Sex	
6- UHID	
7- Name of Department/ office under which employed	
8- Name of OPD	
9- Referring Consultant	
10-Referred for	Investigation only
	Investigation & Treatment
11-Name of Referred hospital -	
12- Reason for Referral -	1- Investigation not available in KGMU ☐
	2- Investigation date delay in hospital ☐
	3- Bed availability ☐
	4- Patient refer in emergency condition ☐
	5- Bed not available ☐
	6- Medical services not available (specify .....)
	7-
	8-

Date-

Signature of consultant

Full Name : ----------

Designation----------

***Valid for Treatment advise & investigation 30 days and**
***After treatment follow-up 6 months only.**

Stamp