

To,
The Medical Superintendent
.....Hospital
.....

Sub : Direct OPD consultation with specialists for CGHS beneficiaries, aged 75 years and above

Ref OM Z-15025/35/2019/DIR/CGHS (P) dated 29 -05-2019

Respected Sir/ madam,
I am years of age, CGHS beneficiary (Name).....
CGHS ID City.....

I wish to consult the specialist (specialty) For my ailment relating to

Self attested copy of CGHS card is attached, with other related documents.

(Beneficiary signatures)
CGHS ID No.....

Certified that I availed the OPD consultation of(Specialty) on(date)

(Beneficiary signatures)
Address.....
.....
Contact No.....

(Authorised signatory)

- Note:
1. Give complete details of the beneficiary
 2. Attach self attested copy of valid CGHS card
 3. Attach self attested copies of the prescription by the treating specialist.