

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

To,

The Medical Officer

[CGHS Hospital Name]

[Hospital Address]

[City, State, ZIP Code]

Subject: Referral Letter for [Patient's Name]

Dear Sir/Madam,

I am writing to refer my patient, [Patient's Name], aged [Patient's Age], who has been under my care for [Duration of Treatment]. The patient is experiencing [Brief Description of Medical Condition/Concern], and I believe that a specialized evaluation at your esteemed hospital is necessary.

Details of the patient are as follows:

- Patient Name: [Patient's Name]
- CGHS Card No: [CGHS Card Number]
- Address: [Patient's Address]
- Contact Number: [Patient's Contact Number]
- Medical History: [Brief Medical History]

I request you to kindly provide the necessary consultation and treatment for the patient. Please find attached relevant medical documents and investigations for your reference.

Thank you for your attention to this matter. I appreciate your cooperation in ensuring the best care for my patient.

Sincerely,

[Your Signature]

[Your Name]

[Your Designation]

[Your Hospital/Clinic Name]

[Your Medical Registration Number]

[Contact Information]