**PROFORMA FOR TREATMENT ABROAD CASES**  
*(FILLED BY THE TREATING DOCTOR)*

1. Name of the Beneficiary :  

2. Designation :  

3. Name of the Office :  

4. Complete Address of Office :  

5. Name of Patient :  

6. Relationship of the patient with Beneficiary :  

7. Diagnosis :  

8. Brief history of the patient :  

9. Details of important investigative/diagnostic procedures /medical/
surgical treatment already carried out.

10. Recommendation of the treating doctor justifying treatment abroad.

11. Endorsement of Head of Department with reasons justifying treatment abroad

12. Certificate to the effect that the treatment for the disease is not available in India, to be countersigned by the Head of the Department/MS of the Hospital

13. Whether Attendant required/not required. If required, whether the Attendant should be medical/para medical personnel or otherwise giving full justification for the same.

14. If not available in India, where (in :
which country/hospital) the
treatment could be taken.

Dated:

Signature of Treating Doctor
(With stamp)