



Chief Minister's Comprehensive Health Insurance Scheme



Proforma to be filled up by the requesting Doctor for the Prosthesis

(All columns are mandatory, please tick appropriate options)

Date:

Name of patient:

Age :

Sex:

Smart card No:

Beneficiary's

Contact No:

Hospital(referred from):

District:

Referring Doctor's Name/Qualification/Registration number:

Contact No:

Prosthesis Supplier/Vendor:

Please tick (✓) one option for prescription of prosthesis:

Mobility	Trans Tibial prosthesis (BK)	Trans Femoral Prosthesis (AK)	Trans Radial prosthesis (BE)	Trans Humeral Prosthesis (AE)
Mobility grade 1				
Mobility grade 2				
Mobility grade 3				

Remarks:

Sign:

Seal:

(Doctor's Name, Reg No, Designation, Hospital)

