

**TEMPLATE TO BE SENT ON EMAIL FOR TELEMEDICINE**

Name	
Age/ Sex	
CGHS B. ID	
Registered Mobile Number	
Registered Email ID	
Date & Time of Online appointment	
Medical Officer for whom appointment taken	
Have you visited the same Medical Officer in person within six months?	Yes/ No*
Is this consultation for follow up of old condition only?	Yes/ No*
Copy of CGHS Card attached	Yes/ No
Any investigation reports attached?	Yes/ No
Authorization letter for medicine collection attached	Yes/ No

\*The beneficiary is not eligible for telemedicine facilities in case any of these answers are 'No'.

CGHS Mumbai