

Implant preauthorization form

EHS Implant Preauthorization Form

1. Patient details

- Name of beneficiary: _____
- UHID / EHS Card No.: _____
- Age / Sex: _____
- Department / Unit: _____
- Ward / Bed No.: _____

2. Clinical details

- Diagnosis: _____
- Proposed surgery / procedure:

- Planned date of surgery: ____ / ____ / ____
- Is this case elective or emergency? Elective / Emergency

3. Implant details

- Implant type / category:

- Brand / Model: _____
- Manufacturer: _____
- Size / Specifications:

- Quantity required: _____
- AMRIT quotation amount (Rs): _____
- CGHS ceiling rate, if available (Rs): _____
- Is proposed implant within ceiling rate? Yes / No

4. Justification

- Clinical indication for implant:

- If above ceiling rate / above reasonable amount, justification by treating consultant:

5. Availability

- Available at AMRIT: Yes / No
- If not available, non-availability certificate attached: Yes / No
- Proposed source in case of non-availability:

6. Declaration by treating consultant

Certified that the above implant is clinically indicated for the patient. The implant details, model, and quotation have been verified. In case the proposed implant is above the CGHS ceiling rate or above reasonable admissible amount, detailed justification is provided. Responsibility for the clinical recommendation of the implant rests with the treating consultant.

- Name of treating consultant: _____
- Department: _____
- Signature: _____
- Date: ____ / ____ / ____

7. EHS scrutiny

- Documents complete: Yes / No
- Ceiling rate verified: Yes / No / Not available
- Remarks:

- Signature of EHS In-charge / nominee: _____
- Date: ____ / ____ / ____

8. Approval of competent authority

- Approved / Not approved / Approved with conditions
- Remarks:

- Signature of competent authority: _____
- Date: ____ / ____ / ____