



# AASANDHA COMPANY LTD

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Ameenee Magu, Machchangolhi,  
Male', 20375, Republic of Maldives  
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## Recommendation Form for Referral Abroad under Husnuvaa Aasandha Scheme

Name:  Age:  Sex:  Hospital no:

Address:  National ID no:  IP/OP:

Duration of treatment:  Admission Date & Time:  Ward/Bed no:

Diagnosis:

Final/Provisional:

Assessment of present condition (positive Clinical findings):

Intervention(s) indicated but not available in the Maldives:

Comments by recommending doctor:

Please specify the investigation and treatment anticipated from abroad:

If Medical Escort Required:

Date:

Name, Designation and Signature  
of Specialist Doctor

Stamp

Doctor & Medical Center

### Declaration:

I hereby DECLARE the forgoing particulars and statements are true and correct to the best of my knowledge. I am fully aware that this document is for the purpose of Aasandha Pvt Ltd and Aasandha may refer to me for further information to substantiate this recommendation and I agree to provide such information

### For Office Use Only:

Approved  Rejected  Date: \_\_\_\_\_

Reject Reason: \_\_\_\_\_

Further Documents Required: \_\_\_\_\_ Date Requested: \_\_\_\_\_

