




# REFERRAL FORM

GP Connect Membership No.:

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-  Pantai Hospitals
-  pantaihospitalsmy
-  pantaihospitalsmy

## Hospital Consultant's Detail

Name :

## General Practitioner's Details

Name :

Clinic's Name :  Email (optional):

Mobile No. :  -  Clinic Tel No.:  -

## Patient's Details

Name :

NRIC/Passport No. :  -  -

Clinical History & Physical Findings:

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Reasons for Referral

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## Patient's mode of payment:

- Insurance / TPA
- Credit Card / Cash
- Bill my clinic (Only for GPs with credit facility)

Signature of Referring Doctor

Date: \_\_\_\_\_



For more information about our hospitals, visit [pantai.com.my](http://pantai.com.my) or scan the QR code

Clinic Stamp