




REFERRAL FORM

GP Connect Membership No.:

■ ■ ■ ■ ■ - ■ ■ ■ ■ ■ - ■ ■ ■ ■ ■

-  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:

Reasons for Referral

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 or scan the QR code

Clinic Stamp