REFERRAL FORM

Ara Damansara Medical Centre

24 Hours General Careline : +60 3 5639 1888

24 Hours Emergency Department : +60 3 7839 9210

☐ Preferred Medical Consultant : .....

FROM :

Doctor's Name : .....

Clinic Name : .....

Email : ..... H/P : .....

Patient's Name : .....

NRIC / Passport No. : .....

Clinical History and Physical findings : .....

.....

.....

Results of Procedures / investigations performed : .....

.....

.....

Remarks / Others / Further investigation(s) request (e.g. CXR, MRI, CT etc)

.....

.....

Patient's mode of payment : ☐ Self pay ☐ Insurance / TPA ☐ Bill my clinic
(Only for those who have a credit facility with ADMC)

.....

Signature of Referring Doctor
(please place your clinic stamp here)

.....

Date

Dear GP, kindly fill up the below information :

Patient's Name : ..... Date : .....

Doctor's Name : .....

Ara Damansara Medical Centre

Please tick the appropriate box for further correspondence with our Ara Damansara Medical Centre Consultants.

Call H/P or Clinic No. : ..... Fax to clinic (No. : .....)

SMS No. : ..... Email : .....

Note for OPD nurse:

Please tear this slip and pass to the doctor as a reminder to contact the GP who referred the patient.

Please send this slip to your respective hospital marketing department for filing. Thank you.

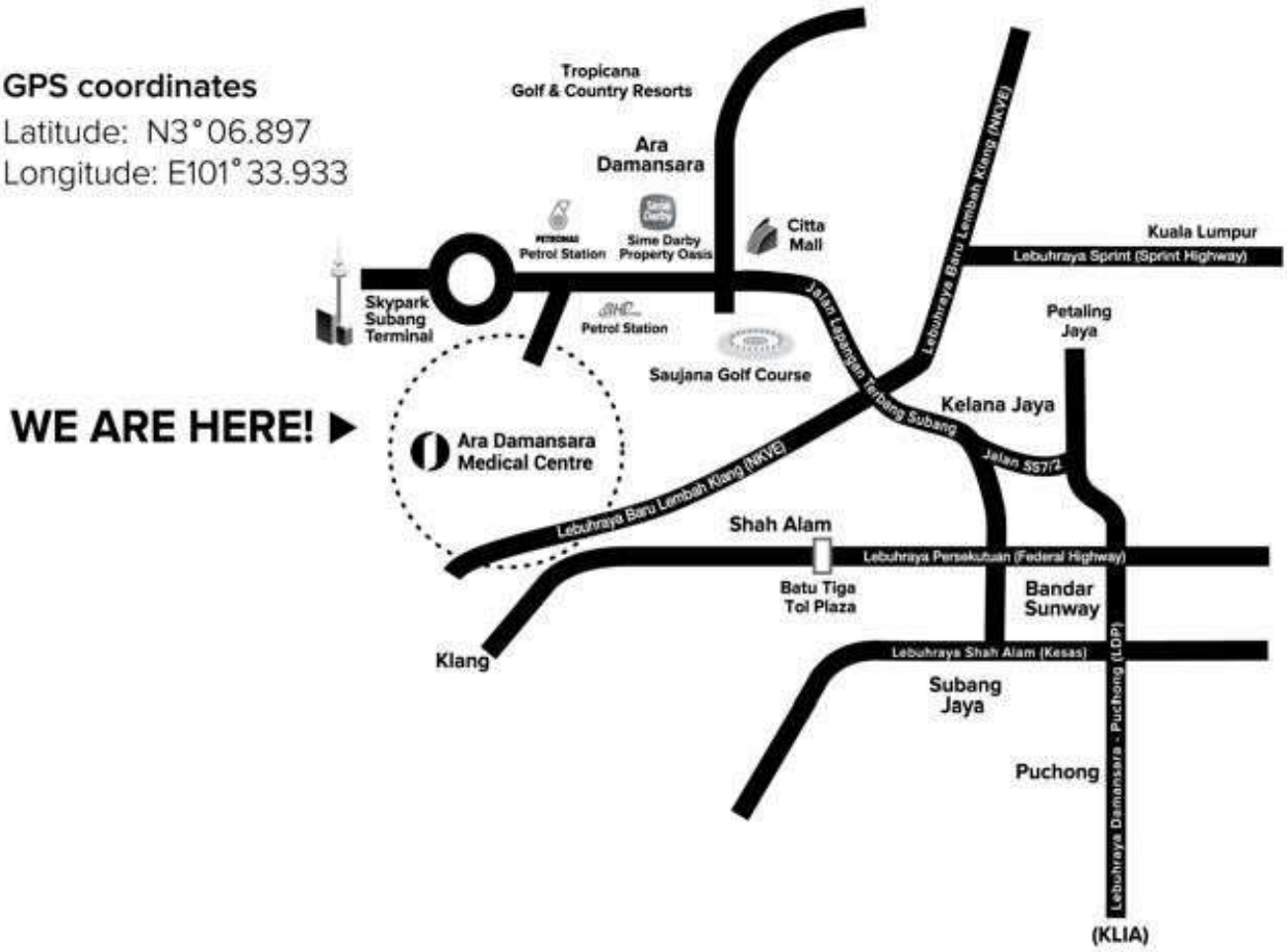
Contacted Date :

Consultant's Signature :

HOW TO GET TO ADMC

The hospital is located along the route to Skypark Subang Terminal and in the vicinity of the upscale residential neighborhood of Ara Damansara and Saujana.

GPS coordinates
Latitude: N3°06.897
Longitude: E101°33.933



ADMC Emergency Number : +60 3 7839 9210

Scan to know more on promotion packages

Scan to save our ADMC Emergency Hotline