Bukit Tinggi Medical Centre

GP REFERRAL FORM

+603 - 5639 1515 +6017 325 3888 btmc.info@asia1health.com

- ☐ Cardiologist
- ☐ Cardiothoracic Surgeon
- ☐ Colorectal Surgeon
- ☐ Dermatologist
- ☐ Emergency Physician
- ☐ ENT, Head & Neck Surgeon
- ☐ Gastroenterologist
- ☐ General Surgeon
- ☐ Haematologist
- ☐ Hepatobiliary Surgeon
- ☐ Infectious Disease Specialist
- ☐ Maternal Fetal Specialist
- ☐ Maxillofacial & Oral Surgeon
- ☐ Nephrologist
- ☐ Neurologist
- ☐ Neurosurgeon
- ☐ Obstetrician & Gynaecologist
- ☐ Ophthalmologist
- ☐ Orthopaedics & Traumatologist
- ☐ Paediatrician
- ☐ Physician
- ☐ Plastic Surgeon
- ☐ Psychiatrist
- ☐ Radiologist
- ☐ Urologist
- ☐ Others: _____

FROM:

Doctor's Name : .....

Clinic Name : .....

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

Patient's Name : .....

NRIC / Passport No. : .....

Clinical History and Physical findings : .....

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Results of Procedures / Investigations performed : .....

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

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Patient's mode of payment:

☐ Self-pay ☐ Insurance / TPA ☐ Bill my clinic
(Only for those who have a credit facility with CMC group of hospitals)

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

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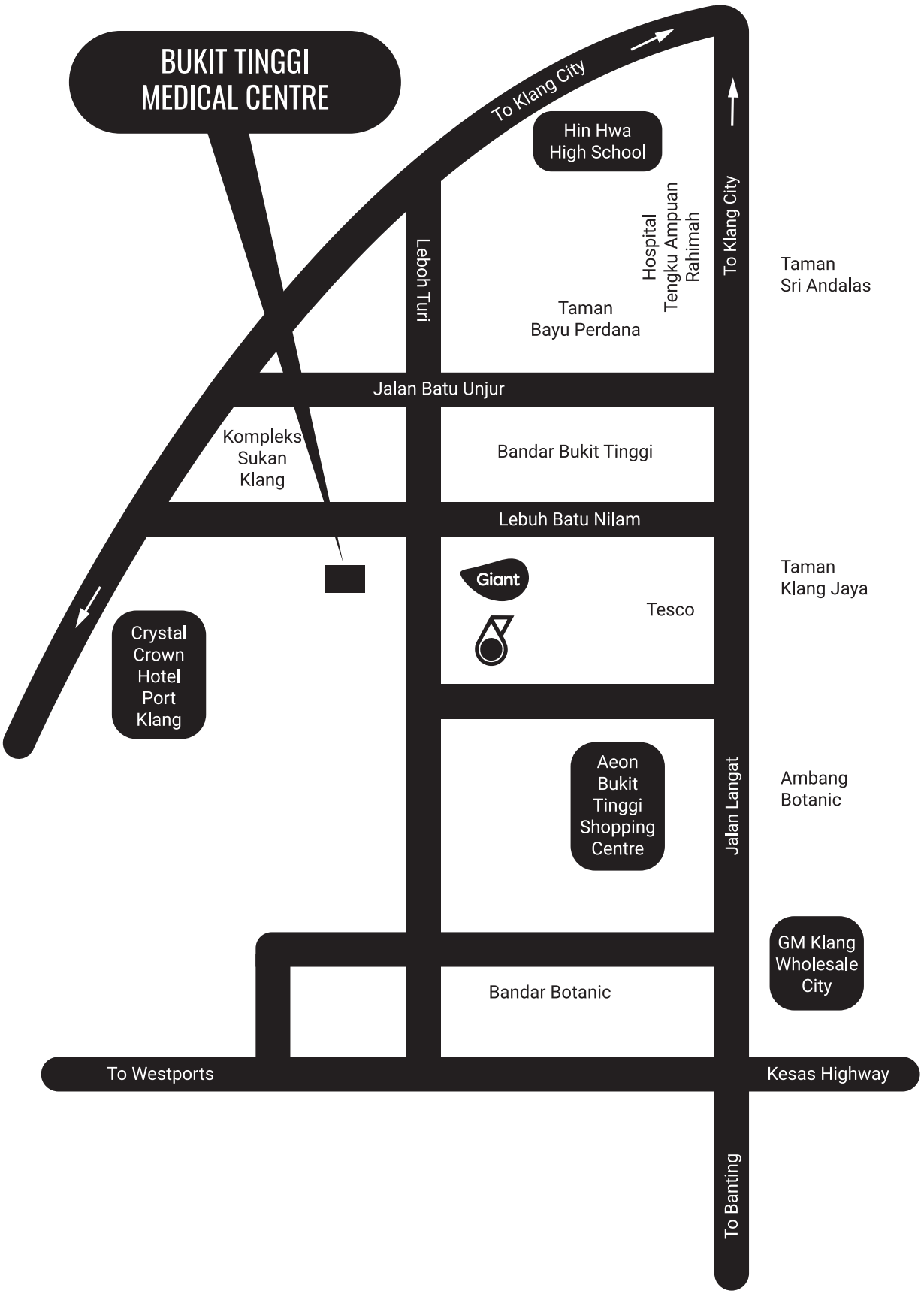
Date

HOW TO GET TO BUKIT TINGGI MEDICAL CENTRE



Last updated: July 2024

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