



To: **PMCare Sdn Bhd**
Our Fax No: 03-8023 9999

Tel : **1300 88 6868**

From: _____

Company Name: _____

Your Phone No: _____ Fax no: _____

Important Notice : ***Please complete this form and fax your Referral Letter or appointment card to us***

Reason for seeking treatment: (please tick whichever appropriate)

For Admission	<input type="checkbox"/>	First visit (please attach Referral Letter)	<input type="checkbox"/>
For Consultation	<input type="checkbox"/>	Follow-up visit (please attach Appointment Card)	<input type="checkbox"/>

Information on Employee & Patient:

PMCare ID No	>	_____
Name of employee	>	_____
Name of patient	>	_____
I/C of Employee	>	_____

Name of clinic issuing referral letter	>	_____
Name of hospital/specialist referred to	>	_____
Name of doctor you wish to meet	>	_____
Diagnosis	>	_____
Date of visit/admission	>	_____

Fax GL to: _____

Fax No: _____

<p>For PMCare's Use Only: THIS FORM IS INCOMPLETE, PLEASE SUBMIT THE FOLLOWING:</p> <p>_____</p> <p>_____</p> <p>_____</p>
