

REFERRAL FORM

24 Hours General Careline: +603 5639 1888
24 Hours Emergency Department: +603 7839 9210



☐ Preferred Medical Consultant:

FROM:

Doctor's Name :

Clinic Name : Email :

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 :

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 to 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:

Ara Damansara Medical Centre

Owned by Ara Damansara Medical Centre Sdn. Bhd. Registration No. 200901033295 (876408-T)
Lot. 2, Jalan Lapangan Terbang Subang, Seksyen U2, 40150 Shah Alam, Selangor, Malaysia.

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HOW TO GET TO ADMC

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

GPS coordinates

Latitude: N3°06.897

Longitude: E101°33.933



ADMC Emergency Number: +603 7839 9210



Scan to know more on promotion packages



Scan to save our ADMC Emergency Hotline

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