gp connect
BY IHH HEALTHCARE

Gleneagles Hospitals

REFERRAL FORM

Gleneagles Hospitals MY
gleneagleshospitalsmy
gleneagleshospitalsmy

GP Connect Membership No.: ____ - ____ - ____

Hospital Consultant's Detail

Name :

General Practitioner's Details

Name :

Clinic's Name :

Email :

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:

Clinic Stamp

For more information about our hospitals, visit **gleneagles.com.my** or scan the QR code