gp connect
BY IHH HEALTHCARE

Gleneagles Hospitals

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REFERRAL FORM

GP Connect Membership No.:

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Hospital Consultant's Detail

Name :

General Practitioner's Details

Name :

Clinic's Name :

Email (optional):

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