

REFERRAL

Refer to :

Date :

**BRANCH OF
POLIKLINIK PENAWAR &
PenawarNET Clinic**

Johor - 34 Branch

- Bandar Baru Uda, JB
- Bandar Penawar, K.T
- Desa Tebrau, JB
- Desaru Utama, JB
- Gelang Patah
- Kampung Pasir, JB
- Kledang, K.T
- Konsulat Indonesia, JB
- Kota Masai Betik
- Kota Tinggi, K.T
- Kulai
- Labis, Segamat
- Masai
- Mersing
- Pandan, JB
- Pasir gudang
- Pontian
- Sedili
- Senai
- Senai Airport
- Simpang Renggam
- Sungai Rengit
- Taman Dahlia, JB
- Taman Daya, JB
- Taman Perling, JB
- Taman Puteri Wangsa
- Taman Rinting
- Taman Seri Alam
- Taman Sri Bahagia, JB
- Taman Sri Pulai, JB
- Taman Universiti, JB
- Kota Masai, Tembikai
- Taman Sri Putri
- Taman Ungku Tun Aminah

Selangor

- 1 Branch

HOSPITAL PENAWAR
PASIR GUDANG
Tel : 07- 2524800
Fax: 07 - 2518199

PENAWAR CARE CLINIC
(PSYCHIATRY)

PENAWAR PHARMACY

PENAWAR SAFETY &
OCCUPATIONAL HEALTH
SERVICES

PENAWAR PUBLIC HEALTH
SERVICES

PENAWAR CONSULTANCY
AND TRAINING SERVICES

PENAWAR LABORATORY

PATIENT INFO

Name : _____

IC / Passport No. : _____ Sex : _____ D.O.B _____
(Date/Month/Year)

1. Presenting Problem

2. Prior Investigation / Results

3. Current Medication / Treatment

4. Purpose for referral

CLINIC

Doctor

Name :

MMC No :

Signature :