

## 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 :