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Website: www.pusrawi.com.my

DATE:

GP REFERRAL FORM

PATIENT'S NAME:			
IC NO:	AGE:	SEX: <input type="checkbox"/> MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>	
SYMPTOM & SIGN:			
INVESTIGATION DONE:			
PROVISIONAL DIAGNOSIS:			

PHYSIOTHERAPY SERVICES

1. Cervical Spondylosis
2. Prolapsed Intervertebral Discs
3. Lower Back Pain
4. Osteoarthritis of Knee Joint
5. Tennis/Golfer Elbow
6. Plantar Fasciitis
7. Urinary incontinence
8. Others _____

RADIOLOGY SERVICES

1. CT SCAN
2. ULTRASOUND
3. RADIOLOGI
4. MAMMOGRAPHY
5. X-RAY
6. OTHERS _____

LABORATORY SERVICES

1. GLUCOSE (F/R)
2. T. CHOLESTEROL
3. FULL BLOOD COUNT
4. HBAIC
5. LIPID PROFILE
6. LIVER FUNCTION (LFT)
7. RENAL PROFILE
8. OTHERS _____

REFERRAL TO:

(Please refer to list of Services & Facilities on the back page)

CONTACTED

NON CONTACTED

REFERRAL BY:

SIGNATURE & DR's NAME

CLINIC'S CHOP

OUR SERVICES & FACILITIES

- ACCIDENT & EMERGENCY
- ANAESTHESIOLOGY
- ARTHROSCOPY & SPORTS INJURY
- DERMATOLOGY
- DIALYSIS CENTRE
- DIETETIC
- EAR, NOSE AND THROAT SURGERY
- ENDOCRINOLOGY
- FERTILITY
- GASTROENTEROLOGY
- GENERAL SURGERY
- HAEMATOLOGY
- HEALTH SCREENING CENTRE
- INDUCED LACTATION
- INTENSIVE CARE UNIT
- INTERNAL MEDICINE
- JOINT REPLACEMENT SURGERY
- LABORATORY
- LABOUR ROOM
- NEPHROLOGY
- OBSTETRIC & GYNAECOLOGY
- GYNAECOLOGICAL ONCOLOGY
- OFFSHORE / MARINE SCREENING
- ONCOLOGY
- OPHTHALMOLOGY
- ORTHOPAEDIC
- FAMILY MEDICINE
- PAEDIATRIC
- PAEDIATRIC CARDIOLOGY
- PAEDIATRIC ORTHOPAEDIC
- PETRONAS CERTIFIED OCCUPATIONAL HEALTH DOCTOR
- PHYSICAL THERAPY & REHABILITATION
- PLASTIC SURGERY
- PHARMACY
- PSYCHIATRY
- RADIOLOGY & IMAGING
- RESPIRATORY MEDICINE
- SPINE SURGERY
- UROLOGY
- WEIGHT MANAGEMENT

