AURELIUS HOSPITAL NILAI
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PATIENT REFERRAL FORM

PATIENT INFORMATION		APPOINTMENT REQUEST
NAME		☐ Breast & Endocrine ☐ Surgery ☐ Cardiology ☐ Colorectal Surgery ☐ Dermatology ☐ Diagnostic & Interventional ☐ Radiology ☐ Gastroenterology & Hepatology ☐ General & Minimally Invasive ☐ Surgery Internal Medicine ☐ Obstetrics & Gynaecology ☐ Oncology ☐ Ophthalmology ☐ Orthopaedic Surgery ☐ Otorhinolaryngology (ENT), Head & Neck Surgery ☐ Paediatric ☐ Paediatric Dermatology ☐ Physiotherapy ☐ Psychiatry ☐ Respiratory Medicine ☐ Rheumatology ☐ Urology
SEX	CONTACT NUMBER	
NRIC / PASSPORT NUMBER	AGE	
MAIN COMPLAINTS		
PHYSICAL SIGNS		
PROVISIONAL DIAGNOSIS		

REFERRING DOCTOR INFORMATION	
DOCTOR'S NAME / CLINIC'S STAMP	DATE

Call us at 06-8505 000 or email to enquiry@nilaimc.com for appointment bookings.