

# **GUARANTEE LETTER REQUEST FORM**



To : PMCare Sdn Bhd

PMCare Careline : 03-8026 7799

Fax No. : 03-8022 3000

Email Address : gl@pmcare.com.my

Please fill up the details as follows:

From : \_\_\_\_\_  
 Name of Employer : \_\_\_\_\_  
 Your Mobile number : \_\_\_\_\_

***Important Notice : Please complete this form and fax/email together with your referral letter or appointment card to us.***

**Reason for seeking treatment; please tick (√) whichever appropriate:-**

For Consultation	<input type="checkbox"/>	First Visit (please attach referral letter)	<input type="checkbox"/>				
For Admission	<input type="checkbox"/>	Follow-up Visit (please attach appointment card)	<table border="1"> <tr> <td>Outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Post Hospitalization</td> <td><input type="checkbox"/></td> </tr> </table>	Outpatient	<input type="checkbox"/>	Post Hospitalization	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>						
Post Hospitalization	<input type="checkbox"/>						

Information on Employee & Patient:

PMCare Membership ID	>	<input type="text"/>
Name of Employee	>	<input type="text"/>
Employee NRIC number	>	<input type="text"/>
Name of Patient	>	<input type="text"/>

Information on Clinic & Hospital/Specialist:

Name of Clinic issuing referral letter	>	<input type="text"/>
Name of Hospital/Specialist referred to	>	<input type="text"/>
Name of Doctor you wish to meet	>	<input type="text"/>
Diagnosis	>	<input type="text"/>
Date of visit/admission	>	<input type="text"/>

Information on recipient of Guarantee Letter:

Contact number	>	<input type="text"/>
Email address	>	<input type="text"/>
GL to be faxed?		
a) Yes. If yes, please specify fax number	>	<input type="checkbox"/> Fax number <input type="text"/>
b) No	>	<input type="checkbox"/>