



53A, JALAN PERDANA 5, PUSAT PERNIAGAAN SLIM PERDANA, 49367, Ulu Tiram, PJU52

Order ID: 27 - 1 Tel No: 05452 0199 Fax: 054520199

Website: klinikdrhanafi.clinical.my Email:

Re: REFERRAL LETTER - Subject Referral Letter

Patient Information

Nama/Name

No. Kad Pengenalan/Passport

Jantina/Sex

No Telefon/Phone No

Umur/Age

Ezuan bin Yaacob

800919105437

Male

0133973973

41 years and 12 month old

Date: 20-09-2022

Referral Reason

this is sample description

- one sample
- two sample

Referred By:

DR ZUL AZUIN BINTI ZULKIFLI

MMC Number: