

IDENTIFICATION LETTER



Operated by Adventist Hospital & Clinic Services (M) (255697-M)

465, Jalan Burma, 10350 Penang, Malaysia
Tel: (+604) 222 7200 LoCall: 1-300-88-4325 Fax: (+604) 228 0443
E-mail: enquiry@pah.com.my Website: www.pah.com.my
Facebook: fb.com/pahpg

Dear Sir/Madam,
Please attend to the following patient.

Date: _____

Patient's Details

Name : _____

IC No : _____

... is an **Employee**

Please complete the information ...

Employee ID: _____

Department: _____

... is a **Non-employee**

Please ✓ where applicable & complete the information...

Spouse of ... Employee Name: _____

Child of ... Employee ID: _____

Parent of ... Department: _____

... and requires **Treatment**

Please provide treatment details ...

Yours faithfully,

Authorised Signature & Company Stamp

Name:

Designation:

IMPORTANT

- Valid for one visit only with an authorised signature and company stamp.
- This ID letter is solely for self-paying patients.
- Please present this ID letter upon registration or admission.
- Please ensure all needed information is completed.



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