

Annexure 4
Referral Letter Form

(AGENT COMPANY LETTERHEAD)

Agent Referral Letter

Date.....

Patient Details

Name

Date of Birth..... Nationality.....

Address.....

Telephone.....

E-mail.....

Product Package

.....

Estimated Price.....

Direct Payment by Patients

Bank Draft Verification: Bank Name:
Bank Draft No.:
Bank Account No.:
Amount THB:

Payment by Agent Prior to Patients Arrival (Evidence of payment is as attached.)

Amount paid THB:

Document Required

- Medical Report
- Laboratory Report
- Imaging document
- Photograph

Preferred Appointment:

Date dd./..... mm/..... yy Time.....hrs.

Agent Referral

Name.....

Authorized Signature

.....

Designation.....