

PATIENT TRANSFER FORM



PUSAT PERGIGIAN U 优牙科中心 U DENTAL CENTER

Location A **Taman U 大学城:** 26A, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI.

Tel/Fax:607-521 1111, 607-5208508. SMS: 6014-888 9000

Location B **Bukit Indah 武吉英达 :** 30A, Jln. Indah 16/5, Taman Bukit Indah, 81200 Johor Bahru.

Tel: 07-232 GIGI, 07-232 4444, SMS:6 014-9 900 900

Location C **Taman Sentosa 新山大丰:** 25A, Jalan Sutera, Taman Sentosa, 80150 Johor Bahru.

Tel : 07-3333 000 SMS: 6014 800 2000

Location D **UDA/Tampoi 新山:** 39-01,Jalan Padi Emas 1/3, Uda Business Center, Bandar Baru

UDA, 81200 Johor Bahru Tel:607-2 444 666 HP:016-6 800100

Location E **Taman Molek 百合:** 84-01,Jalan Molek 2/2, Taman Molek, 81100, Johor Bahru.

Tel : 016-6 300 500

www.gigi.my info@gigi.my

Dear Esteemed Customers: We are opening our new clinic at UDA w.e.f August 2014, If the location is more convenient for your please fill in the form below to transfer your case there. Thank you.

From:

*Patient's Name:	*Required to fill
*Date of Application to Transfer:	
*Date the transfer starting:	
RN:	

Re: Request to Change Orthodontic/Implant/Treatment Location

I/We the undersign would like to change the Orthodontic/Implant/Treatment location between two locations:

I/We request transfer from A/B/C/D/E (Circle where applicable) ("Original Location") to A/B/C/D/E ("New Location").

I/We further agree that:

1. The terms and conditions of our previous agreement(s) remain(s) unchanged.
2. I/We request the balance of our account be transferred from the Original Location to New Location.
3. The account at the Original Location will be closed and we shall continue our Orthodontic/Implant/Treatment AND PAYMENTS at the New Location.

Thank you.

Sincerely yours,

Guardian Name: _____ (If patient is less than 21 year old)

For Office Use Only:	
Date transferred:	Prepared By : Staff Initial & Signature
Balance transferred:	Approved by Dr :
Enclosed:	Models/Records/Agreement/Radiographs/Data