

Patient Referral Form (Thoracic and Interventional Pulmonary Service Consultation)

Patient Info

Civil ID	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Gender	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>

Past Medical History

Indication for Consultation

Brief History and Clinical Examination:

Doctor Info

Referring Doctor Name	Referring Hospital	Referring Doctor Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

Hesham Al Sager
Floor 2, Clinics 6 and 7



Location

**Kindly note that the patient needs to take this paper to Hesham Al Sager for their appointment.
Kindly note that this is not an automatic appointment.**