

Receipt of Ticket of Referral

Details verified with PAS

TOR is legible and completely

## **TICKET OF REFERRAL**

Primary HealthCare

TO BE FILLED BY THE REFERRING DOCTOR

PHC Tel: 21 231 231

For office Use Only

No. No. No.

**Notice:** Routine appointments will be given, unless the referring doctor calls the intended specialist, who can be contacted on the dedicated line at MDH as instructed.

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Registration Number

Receiving officer signature

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**Notice:** Improperly or incomplete filled ticket of referrals, will be returned to the referring doctor. Referrals to Health Centres will not be accepted at MDH.

Dear Patient, you will receive your appointment details within the next 20 working days. Please keep this receipt as a reference. Should you fail to receive the appointment within the stipulated period, you are kindly requested to call this number: 2545 4213 (08:00 - 15:00)

Għażiż Pazjent, għandek tirċievi l-appuntament tiegħek fi żmien 20 jum (eskluż Sibtijiet, Ħdud u Festi Pubbliċi). Int mitlub iżżomm din l-irċevuta bħala referenza. Jekk ma tirċivix l-appuntament tiegħek fiż-żmien indikat, nitolbuk iċċempel fuq dan in-numru: 2545 4213 (08:00 - 15:00)