



HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/REHAB/BR26

**BORANG RUJUKAN SERVIS FISIOTERAPI (PESAKIT LUAR)**

Nama : \_\_\_\_\_  
Tarikh : \_\_\_\_\_  
Masa : \_\_\_\_\_  
Jabatan : \_\_\_\_\_  
No. tel : \_\_\_\_\_  
Diagnosis : \_\_\_\_\_

*Pelekat pesakit*

**SERVIS RAWATAN**

	PHYSIOTHERAPY CARDIORESPIRATORY
	PHYSIOTHERAPY NEUROMEDICAL & NEUROSURGICAL REHABILITATION/NEUROLOGY
	PHYSIOTHERAPY PEADIATRIC
	PHYSIOTHERAPY AMPUTEE
	PHYSIOTHERAPY SPINAL INJURY
	PHYSIOTHERAPY TRAUMA AND ORTHOPEDICS/MUSCULOSKELETAL
	PHYSIOTHERAPY GERIATRIC
	PHYSIOTHERAPY MEN'S & WOMEN'S HEALTH
	PHYSIOTHERAPY SPORTS INJURY/ARTHROPLASTY/RETURN TO SPORTS
	LAIN-LAIN:

Dirujuk oleh:

\_\_\_\_\_  
(Tandatangan & Cap)

(Untuk kegunaan Jabatan Perubatan Rehabilitasi)  
Diterima oleh:

Tarikh temujanji : \_\_\_\_\_

Waktu temujanji : \_\_\_\_\_

\_\_\_\_\_  
(Tandatangan & Cap)