



PUSAT PERGIGIAN U 优牙科中心 U DENTAL CENTER

Family, Implant & Esthetic Dentistry®
Comfort and value™



□ Location A **Taman U 大学城:** 26 & 26A, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI.
Tel: 607-521 1111, 607-5208508 HP: 6014-888 9000

□ Location B **Bukit Indah 武吉英达:** 65, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru.
Tel: 607-234 2000 HP: 6014-508 0000

□ Location C **U Dental Specialist Clinic 优牙科专科诊所 Klinik Pakar Pergigian U:** 65A, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru. Tel: 607-234 2000 SMS: 6014-508 0000 HP: 6019-500 6 900
www.gigi.my info@gigi.my

Dear Esteemed Customers: We have few branches around JB. If the location is more convenient for you than current branch, 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:	
Reason to Transfer:	

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/F/G/H (Circle where applicable) ("Original Location") to A/B/C/D/E/F/G/H ("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:		
Original Location:		
Date transferred:	<input type="checkbox"/> Skype Details to New Branch for Registration	Enclosed: Models/Records/Agreement/Radiographs/Data
Balance transferred: RM	Package: <input type="checkbox"/> Student Price <input type="checkbox"/> Adult Basic <input type="checkbox"/> Adult Weekends Terms : <input type="checkbox"/> Cash <input type="checkbox"/> CC	Prepared By : Staff Initial & Signature: Approved by Dr : <input type="checkbox"/> Old deposit, if any, marked as closed
New Location:		
Patient New Registration Number at New Location:	Next Appointment Date and Time :	Completed By Staff : Name and Initials