



INSTITUT JANTUNG NEGARA SDN BHD (245794-V)
145, JALAN TUN RAZAK, 50400 KUALA LUMPUR
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MASTER CHARGE SHEET

Patient Name :
MRN :
NRIC No :
Episode No :
Adm. Date :
Disch. Date :

Deposit (RM) :

Receipt No :

Cashier :

Grand Total (RM):

Receiving Location	System Down			System Up
	Manual charging validated by:	Deposit (RM)	Total Charging (RM)	TrakCare Charging Updated and Validated by:
Admission / Registration: (_____)	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Ward: (_____)	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:

	System Down			System Up
Receiving Location	Manual charging validated by:	Deposit (RM)	Total Charging (RM)	TrakCare Charging Updated and Validated by:
Critical Care Area: ()	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Dietetics & Food Services	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Imaging Centre	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Laboratory and Blood Services	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:

	System Down			System Up
Receiving Location	Manual charging validated by:	Deposit (RM)	Total Charging (RM)	TrakCare Charging Updated and Validated by:
Non-Invasive Cardiovascular Laboratory (NCL) - Adult	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Non-Invasive Cardiovascular Laboratory (NCL) - PCHC	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Invasive Cardiovascular Laboratory (ICL)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Operating Theatre (OT)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:

	System Down			System Up
Receiving Location	Manual charging validated by:	Deposit (RM)	Total Charging (RM)	TrakCare Charging Updated and Validated by:
Perfusion Department	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Pharmacy (_____)	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Physiotherapy	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:
Cardiac Rehabilitation Education	_____ Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		_____ Name: Unit/Department Stamp: Date: Time:

	System Down			System Up
Receiving Location	Manual charging validated by:	Deposit (RM)	Total Charging (RM)	TrakCare Charging Updated and Validated by:
Cardiology Department (Adult)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Cardiothoracic Department (Adult)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
PCHC	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Observation & Emergency (I)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:

	System Down			System Up
Receiving Location	Manual charging validated by:	Deposit (RM)	Total Charging (RM)	TrakCare Charging Updated and Validated by:
Observation & Emergency (II)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Observation & Emergency (III)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Others: (_____)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time:
Others: (_____)	<div>_____</div> Name: Unit/Department Stamp: Ext. No: Date: Time:	Deposit : Receipt No. : Cashier :		<div>_____</div> Name: Unit/Department Stamp: Date: Time: