



22

FORM MM201 (Part I)

CRD :
 GL Serial No. : 24110516141669
 Previous GL Serial No. : 24110516141669
 Date/Time of Issuance : 05/11/2024 16:14:16.841
 Attention : DR VINCENT WONG CHUN-WEI FOR ADMISSION DATE ON 4/1
 To : SUNWAY MEDICAL CENTRE SDN BHD

TRANSMISSION

Sp/Hosp. Fax No. : 0374911412
 Other Fax No. : 0374919191
 By Hand/Courier/Mail :
 Visit Type : INITIAL GL
 Service Type : ADMISSION
 Appointment Date : 04/11/2024

GUARANTEE LETTER ("GL")**GL Validity Period:**

- i) To be utilized until 18/11/2024
 ii) For one (1) Inpatient admission not exceeding five (5) days.
 iii) For extension of admission, a new GL must be obtained upon expiry of five (5) days validity.

Name of Patient: DAYALAN A/L SATHIAMUTTY	NRIC No.: 750313025181
Name of Employee: DAYALAN A/L SATHIAMUTTY	Relationship: EMPLOYEE
Name of Employer: MALAYSIAN COMMUNICATIONS AND MULTIMEDIA COMMISSION (MCMC)_IP	Program Type: INSURED
PMCare Member ID: IP750313025181-I	Benefit Plan: MCMC_IPB HP (R&B350) 80KAL

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for Admission expenses incurred for abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.

2. The abovenamed patient is entitled to:

A total limit of not more than	2,500.00 INITIAL LIMIT
A daily Room & Board charges inclusive of Meals & Tax of not more than	350.00
Intensive Care Unit	As Charged
Surgical fees of not more than	0.00
Anesthetic fees of not more than	0.00
Hospital Ancillary Services of not more than	0.00
A daily In-Hospital Physician Visit of not more than	0.00
Delivery Limit of not more than	N/A

3. Diagnosis (Provisional or Primary)

DENGUE FEVER [CLASSICAL DENGUE]

4. Kindly note that:

- Expense entitlement is only for or directly related to medical/surgical condition referred to the Diagnosis as per above Item No.3.
 - Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
 - PMCare will not pay or be responsible for any expenses in excess of the above entitlement or incurred for non-entitlement as indicated above. The excess amount must be recovered by the hospital from the patient upon their discharge, to be advised in our Discharge Advice.
 - Payment of claim is subject to timely submission of complete documents, i.e. within seven (7) days from date of service or discharge.
 - For extension of admission, the hospital must contact PMCare.
5. Kindly upload to our Medibase portal your final itemized bill, with diagnosis and surgical procedures done, so that we can advise you better on the actual coverage, bills and payment.
6. Please attach the completed form **MM201 (Part I & II)** together with your invoice for payment.
7. Please note that the following non-medical items are under exclusion:
 Congenital Anomalies; Birth Control & Infertility investigation or treatment; Sexually Transmitted Disease; A.I.D.S; Cosmetic Surgery; Psychiatric Disorder; and Dental Care. For complete listing, please refer to the Working Guidelines.

Yours faithfully,

For and on behalf of
PMCare Sdn Bhd

Authorised Signatory

I, the abovenamed and/or on behalf of my dependent hereby consent to the release of medical report and/or information to PMCare Sdn Bhd and my Employer, and/or Payor for claims processing, adjudication, payment, and reporting.

Name :

NRIC No. :

Dayalan Sathiamutty
 750313-02-5181

PMCare SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia, General Line: 03-8026 6888
 Careline: 03-8026 7799 Careline Centre Fax: 03-8023 9999 Email:gl@pmcare.com.my

PRE-AUTHORISATION FORM/Borang Pra-kebenaran

Private and Confidential / Sulit dan Persendirian

PMCare Sdn Bhd Careline Call Centre: 03-8026 7799 Fax Server: 03-8022 3000



Part 1 (To be completed by Patient/Claimant) Bahagian 1 (Untuk diisi oleh Pesakit / Penuntut)		
1. Patient Name: Nama Pesakit DOZALAN M L SATHIARATHY		2. NRIC (Old & New): K.P. (Lama & Baru) 75031302181
3. a. Date of Birth: Tarikh lahir 12 / 3 / 1975	b. Age: Umur 49	c. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Jantina Laki-laki Perempuan
4. Policy No. / Member ID/ Certificate No/ Plan/ Company Name : No. Polisi / No. Ahli / No. Sijil / Pelan / Nama Syarikat MCMC		5. Admission / Planned Admission Date: Tarikh kemasukan hospital 4/11/14
6. Hospital Name: Nama Hospital SUNWAY MEDICAL CENTRE SDN BHD		7. Name of Attending Doctor/ Speciality: Nama Doktor yang merawat/ Kepakaran: DR VINCENT WONG
Admission Reason (tick) and answer accordingly Sila tanda () dan jawab soalan yang berkenaan		
8. Accident Kemalangan	a. Occurred on: Date: ____ / ____ / ____ Berlaku pada Tarikh Time: ____ Masa <input type="checkbox"/> am <input type="checkbox"/> pm pagi petang	
	b. Details of Accident: Butir-butir kemalangan	
9. Illness Penyakit	a. Symptoms first appeared on: Date: ____ / ____ / ____ Tarikh simptom tersebut bermula Tarikh	
	b. Doctor(s) consulted for this condition: Doktor-doktor yang dilawati bagi penyakit ini	
	c. Doctor's or Clinic Contact (Address & Telephone): Alamat & Telefon Doktor	
10. Declaration and authorization		
I declare that the answers given above are true and complete to the best of my knowledge and belief.		
I understand the delivery of this form is in no way an admission of claim by PMCare Sdn Bhd/Payor Company and payment to the hospital by PMCare Sdn Bhd/Payor Company or its representative shall not be construed as final admission of claim by PMCare Sdn Bhd/Payor Company for this and any further claims arising. PMCare Sdn Bhd/Payor Company reserves all rights for evaluation as appropriate.		
I am fully aware of the limits as to my/covered person's medical/Takaful entitlement under the above-mentioned policy. I hereby undertake to settle/reimburse any medical expenses exceeding my entitlement under the said policy contract, or that is not covered by the same.		
I hereby irrevocably authorize any organization, institution, or individual that has any record or knowledge of my health and medical history or treatment or advice that has been or may hereafter be consulted, other personal information or details of related accident/injury, to disclose to PMCare Sdn Bhd/Payor Company or its representative such Information. I agree that PMCare Sdn Bhd/Payor Company or its representative may use or disclose any of the information collected or held to third parties (within or outside Malaysia, including PMCare Sdn Bhd's/Payor Company's parent company, subsidiaries or any other associated companies within the PMCare Sdn Bhd/Payor Company Group, reinsurers/reataful, medical examiners, claims investigators and industry associations/federations etc.) in relation to this claim. This authorization shall bind my/the covered person's successors and assigns and remain valid notwithstanding my/ covered person's incapacity in so far as legally possible. A photocopy of this authorization shall be valid as the original.		
I agree that in the event I make, or have in the past made, any false or untrue statement and/or suppressed and/or concealed any material facts in respect of my/the covered person's condition, PMCare Sdn Bhd/Payor Company shall absolutely forfeit my/the covered person's right to compensation and further reserves the right to recover any amounts paid earlier as a result thereof.		
Pengisytiharan dan pemberikuasa		
Saya mengisytiharkan bahawa jawapan yang diberikan di atas adalah benar dan lengkap setakat pengetahuan dan kepercayaan saya.		
Saya memahami bahawa penyerahan borang ini, tidak sama sekali boleh dianggap sebagai persetujuan tuntutan saya/orang yang dilindungi ke atas PMCare Sdn Bhd/Syarikat Pembayar dan saya bersetuju bahawa bayaran kepada hospital oleh PMCare Sdn Bhd/Syarikat Pembayar atau wakilnya tidak akan difalsirkan sebagai persetujuan muktamad tuntutan ke atas PMCare Sdn Bhd/Syarikat Pembayar dan PMCare Sdn Bhd/Syarikat Pembayar berhak menjalankan penilaian sewajarnya berhubung tuntutan ini atau apa-apa tuntutan yang timbul selanjutnya.		
Saya memahami sepenuhnya had-had kelayakan/Takaful/Perubatan saya di bawah Polisi yang tersebut di atas. Saya dengan ini berjanji akan menyelesaikan sebarang amaun yang melebihi had kelayakan saya, yang tidak dilindungi oleh Polisi berkenaan.		
Saya yang bertandatangan di bawah, dengan ini membenarkan pada setiap masa, mana-mana organisasi, institusi atau individu yang mempunyai apa-apa rekod atau pengetahuan tentang kesihatan dan later belakang atau rawatan atau nasihat perubatan saya/orang yang dilindungi, yang telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan kepada PMCare Sdn Bhd/Syarikat Pembayar atau wakilnya segala maklumat tersebut. Saya bersetuju membenarkan PMCare Sdn Bhd/Syarikat Pembayar atau wakilnya untuk mengguna dan mendedahkan apa-apa maklumat yang dikumpul atau dipegang kepada pihak ketiga (di dalam atau di luar Malaysia, termasuk syarikat induk, anak syarikat atau syarikat berkait dalam Syarikat, syarikat reinsurans/reataful, pemeriksa perubatan, penyiasat tuntutan dan pertubuhan/persekutuan industri dll.) berkaitan dengan tuntutan ini. Pengesahan ini hendaklah mengikat waris-waris dan penama saya/ nyawa yang dilindungi dan kekal sah meskipun setelah kematian saya/orang yang dilindungi setakat yang dibenarkan di sisi undang-undang. Salinan pengesahan ini adalah sah. Saya bersetuju sekiranya saya membuat pengakuan palsu atau tidak mendedahkan maklumat yang berkaitan, PMCare Sdn Bhd/Syarikat Pembayar berhak membatalkan tuntutan saya dan menarik balik sebarang tuntutan awal yang telah dibayar.		
Signature of Patient / Tandatangan Pesakit 		Signature of Covered person/ claimant / Tandatangan Orang yang dilindungi / Penuntut
Name/ Nama : DOZALAN SATHIARATHY IC No./No. KP: 750313-02-1181 Date/ Tarikh : Contact No. / No. Telefon :		Name/ Nama : DOZALAN SATHIARATHY IC No./No. KP: 750313-02-1181 Date/ Tarikh : Contact No. / No. Telefon : Relationship to Patient/ Hubungan dengan Pesakit:
		Signature of Witness / Tandatangan Saksi
		Name/ Nama : WONG ARIF IC No./No. KP: 411114 Date/ Tarikh : Contact No. / No. untuk dihubungi:

NOTE: COMPLETION OF THIS PRE AUTHORIZATION FORM DOES NOT GUARANTEE THE ISSUANCE OF GUARANTEE LETTER.

Nota: Melengkapkan borang permintaan ini tidak semestinya menjamin bahawa Surat Jaminan akan dikeluarkan.

Insurance / Corporate Name : Pmcare

Part 2 ADMISSION SECTION (To be completed upon admission by Doctor)

1. a. Patient name: Dayalan A/L SATHANARAYAN b. NRIC: 78091302827 c. Age: 49 d. Sex: ☒ Male ☐ Female

2. Policy No. / Member ID / Certificate No / Plan / Company No: mc mc

3. Hospital Name / Hospital Contact and Fax No: SUNWAY MEDICAL CENTRE SDN BHD
Admission No. / MRN 1001192649

4. Admission Date and Time: 4/11/24

5. Expected days of stay / Discharge Date: 4/11/24

6. a. Symptoms / Conditions requiring admission: Low back pain, numbness, tingling, weakness in right leg

b. How long is patient aware of the condition: 2 days

c. Patient's BP / Temp / Pulse: 120/80/74

d. Date symptoms first appeared: 2/11/24

e. Date first consulted: 4/11/24

7. a. Any previous consultation / treatment / hospitalization for this symptom / illness or related conditions, or other disorders whether in this hospital or any other facilities? ☐ Yes ☒ No

b. Was this patient referred? If Yes, please provide details below:

c. If this condition existed before symptoms became apparent to the patient, please indicate in your professional opinion how long has the condition existed :

Date	Disease / Disorder	Details of Treatment / Hospitalization	Doctor / Hospital / Clinic
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d. Can the condition be managed under the Outpatient basis: ☐ Yes ☒ No
If no please provide reasons of admission :

8. a. ☒ Admitting Diagnosis: Low back pain

c. Diagnosis confirmed on: 4/11/24

b. ☐ Provisional Diagnosis:

Advised patient on: 4/11/24

d. Cause and pathology underlying the present diagnosis: Acute

9. Estimated Total Costs : RM

e. Any possibility of relapse? ☐ Yes ☒ No

Please provide details:

10. Admission requires:

☒ Hospitalisation

☐ Day Care

☐ On Patient's Request

11. Is the illness / condition related to: (please tick (✓) if YES).

- a) ☐ Pregnancy / Childbirth / Infertility / Caesarean section/ miscarriage
Or any complications arising therefrom.
- b) ☐ Congenital / Hereditary diseases
- c) ☐ Influence of Drugs / Alcohol
- d) ☐ Nervous / Mental / Emotional / Sleeping Disorder
- e) ☐ Cosmetic reason / Dental care / refractive errors correction
- f) ☐ AIDS / STD / VD / HIV
- g) ☐ Self-inflicted injuries / Violation of laws / Strike / Riots
- h) ☐ None of the above

12. Medical treatment, Investigations and Surgical procedure to be performed, if any (please supply copy of all investigation results): None

13. Any other medical/surgical conditions present? ☒ No ☐ Yes, details below:

14. Was the patient pregnant at the time of hospitalization? (For Female Only)

a. _____ since _____ / _____ / _____
b. _____ since _____ / _____ / _____

☒ No ☐ Yes, _____ months

15. a. If hospitalization was due to injury, please describe circumstances and cause of injury:

b. Please indicate date/time of accident: (dd/mm/yy) _____ / _____ / _____ (hrs) _____ ☐ am ☒ pm

16. I hereby certify that I have personally examined and treated the Patient for his/her injuries / illness described above and that the facts as stated above represent my medical opinion of his/her condition.

Date

Name & Signature of Attending Doctor
DR's Contact no and Email address:

Business Office - Discharge, Tower C
SUNWAY MEDICAL CENTRE SDN BHD (341855-X)
No.5, Jalan Lagoon Selatan, Bandar Sunway
47500 Selangor Darul Ehsan, Malaysia
TEL: 603-7460 1000

DISCHARGE SECTION (To Be Completed Upon Discharge by Doctor)

17. Undertaking Letter Ref No.: (If available)

18. Date of Discharge: 8/11/24

19. a. Final Diagnosis: Low back pain

b. Cause and pathology of the diagnosis: Acute

ICD code:

20. Treatment given / Investigation done: (Please supply copy of all investigation results) None

21. a. Surgical procedures performed:

b. Date of surgery / procedure: _____ / _____ / _____

MMA code / PHFSR code:

22. a. Recovery complication that arose (if any):

b. In the case of DEATH, please advise Date/ Time and Cause of death :

23. I hereby certify that I have personally examined and treated the Patient for his / her injuries / illness described above and that the facts as stated above represent my medical opinion of his/her condition.

Date

Name & Signature of Attending Doctor

Business Office - Discharge, Tower C
SUNWAY MEDICAL CENTRE SDN BHD (341855-X)
No.5, Jalan Lagoon Selatan, Bandar Sunway
47500 Selangor Darul Ehsan, Malaysia
TEL: 603-7460 1000

Dr Vincent Wong

Insurance / Corporate Name :

PNCare

Part 2 ADMISSION SECTION (To be completed upon admission by Doctor)1. a. Patient name: Dayalan AL Sathiamutty b. NRIC: 750313025181 c. Age: 49 d. Sex: ☒ Male ☐ Female

2. Policy No. / Member ID/ Certificate No.:

3. Hospital Name/ Hospital Contact and Fax No :
Admission No. / MRN 10011926494. Admission Date and Time: 4/11/24

5. Expected days of stay / Discharge Date:

6. a. Symptoms / Conditions requiring admission:

b. How long is patient aware of the condition:

c. Patient's BP/ Temp/ Pulse:

d. Date symptoms first appeared: 05/11/24e. Date first consulted: 05/11/247. a. Any previous consultation / treatment / hospitalization for this symptom / illness or related conditions, or other disorders whether in this hospital or any other facilities? ☐ Yes ☒ No.

b. Was this patient referred? If Yes, please provide details:

c. If this condition existed before symptoms became apparent to the patient, please indicate in your professional opinion how long has the condition existed:

Date	Disease / Disorder	Details of Treatment / Hospitalization	Doctor / Hospital/ Clinic

d. Can the condition be managed under the Outpatient basis: ☐ Yes ☒ No If no please provide reasons of admission :8. a. ☐ Admitting Diagnosis:b. ☐ Provisional Diagnosis:c. Diagnosis confirmed on 05/11/24

d. Cause and pathology underlying the present diagnosis:

9. Estimated Total Costs: RM 2000e. Any possibility of relapse? ☐ Yes ☒ No

10. a. Admission requires:

- ☐ Hospitalisation
☐ Day Care
☐ On Patient's Request

11. Is the illness / condition related to: (please tick ☒ if YES).

- a. ☐ Pregnancy / Childbirth / Infertility / Caesarean section/ miscarriage
 Or any complications arising therefrom.
 b. ☐ Congenital / Hereditary diseases
 c. ☐ Influence of Drugs / Alcohol
 d. ☐ Nervous / Mental / Emotional / Sleeping Disorder
 e. ☐ Cosmetic reason / Dental care / Refractive errors correction
 f. ☐ AIDS / STD / VD / HIV
 g. ☐ Self-inflicted injuries / Violation of laws / Strike / Riots
 h. ☐ None of the above

Please provide details:

12. Medical treatment, Investigations and Surgical procedure to be performed, if any (please supply copy of all investigation results):
Insulin DTA13. Any other medical/surgical conditions present? ☐ No ☒ Yes, details below:

a. Don since 05/11/24
 b. Don since 05/11/24

14. Was the patient pregnant at the time of hospitalization?
(For Female Only)☐ No ☒ Yes, 0 months

15. a. If hospitalization was due to injury, please describe circumstances and cause of injury:

b. Please indicate date/time of accident: (dd/mm/yy) 05/11/24 (hrs) 05 am ☐ pm

16. I hereby certify that I have personally examined and treated the Patient for his/her injuries/illness described above and that the facts as stated above represent my medical opinion of his/her condition.

Date

Name & Signature of Attending Doctor

Contact no. and Email

Business Office - Discharge, Tower C
 SUNWAY MEDICAL CENTRE SDN BHD (341855-X)
 No.5, Jalan Lagoon Selatan, Bandar Sunway
 47500 Selangor Darul Ehsan, Malaysia
 TEL: 603-7494 1000

DISCHARGE SECTION (To Be Completed Upon Discharge by Doctor)

17. Undertaking Letter Ref No.(If available):

18. Date of Discharge:

19. a. Final Diagnosis:

b. Cause and pathology of the diagnosis:

ICD code: R05.020. Treatment given / Investigation done (Please supply copy of all investigation results):
Insulin DTA

21. a. Surgical procedures performed:

b. Date of surgery / procedure: 05/11/24

MMA code / PHFSR code:

22. a. Recovery complication that arose (if any):

b. In the case of DEATH, please advise Date/ Time and Cause of death:

23. I hereby certify that I have personally examined and treated the Patient for his/her injuries/illness described above and that the facts as stated above represent my medical opinion of his/her condition.

Date

Name & Signature of Attending Doctor

Doctor / Hospital Stamp

Business Office - Discharge, Tower C
 SUNWAY MEDICAL CENTRE SDN BHD (341855-X)
 No.5, Jalan Lagoon Selatan, Bandar Sunway
 47500 Selangor Darul Ehsan, Malaysia
 TEL: 603-7494 1000

Dr Sathiamutty

KAD PENGENALAN
MALAYSIA
IDENTITY CARD

750313-02-5181

DAYALAN AL
SATHIAMUTTY

NO 28
JALAN DC 2/6
DESA COALFIELDS
47000 SUNGAI BULOH
SELANGOR

WARGANEGARA
#LELAKI

SUNWAY MEDICAL CENTRE SDN BHD

SUNWAY MEDICAL CENTRE SDN BHD

KETUA PENGARAH
PENDAFTARAN NEGARA

750313-02-5181-03-01
(A2978895)

Touch
ngo

80K
chip

SN: 02008E0806

PATIENT BILL

FULL AMOUNT

FORMAT : SUMMARY

DAYALAN A/L SATHIAMUTTY,
 B-19-13,
 TREEFALL,
 SETIA ALAM,
 47000, SHAH ALAM,
 SELANGOR DARUL EHSAN, MALAYSIA

BILL NO : SMC-IP 10093820
 BILL DATE : 08/11/2024
 PATIENT NAME : DAYALAN A/L SATHIAMUTTY
 IC / PASSPORT NO : 750313025181
 MEDICAL RECORD NO : 1001192649
 VISIT ID : SMC-IP 1228074
 ENCOUNTER TYPE : INPATIENT
 VISIT TYPE : IP
 ADMITTING DOCTOR : DR VINCENT WONG CHUN-WEI
 ADMISSION DATE & TIME : 04/11/2024 04:24 PM
 DISCHARGE DATE & TIME : 08/11/2024 01:00 PM

EMPLOYEE NAME :
 RELATION :
 EMPLOYEE NO :
 GL REFERENCE NO : 24110616141669
 CREDIT TERM : 30.00Days
 FINANCIAL TYPE : PMCARE SDN BHD - PMCARE 2020 (IP)

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
HOSPITAL CHARGES						
<u>ROOM CHARGES</u>						
ACCOMMODATION						
1-1040	PREMIER SINGLE	(04/11/2024 - 04/11/2024)		350.00	105.00	245.00
1-1040	PREMIER SINGLE	(05/11/2024 - 05/11/2024)		350.00	105.00	245.00
1-1040	PREMIER SINGLE	(06/11/2024 - 06/11/2024)		350.00	105.00	245.00
1-1040	PREMIER SINGLE	(07/11/2024 - 07/11/2024)		350.00	105.00	245.00
Total ROOM CHARGES				1,400.00	420.00	980.00
<u>HOSPITAL MEDICAL SERVICES</u>						
DRUGS FORMULARY				2,304.10	115.09	2,189.01
DRUGS: MANUFACTURED ITEMS				18.25	0.91	17.34
EMERGENCY MEDICAL SERVICE				343.00	34.30	308.70
EQUIPMENT USAGE				504.00	50.40	453.60
GENERAL SERVICES/PROCEDURES				49.00	4.90	44.10
GENERAL SUPPLIES				216.00	21.57	194.43
HOSPITAL SUPPORT FEES				308.00	30.80	277.20
LABORATORY				1,612.10	161.21	1,450.89
MEDICAL RECORD SERVICES				66.00	0.00	66.00
MEDICAL SUPPLIES				160.30	16.03	144.27
MOLECULAR LABORATORY				160.00	0.00	160.00
NURSING SERVICES				853.00	85.30	767.70
PACKAGE				0.00	0.00	0.00
PPE SUPPLIES				2.40	0.24	2.16
PROCEDURES				396.00	39.60	356.40
Total HOSPITAL MEDICAL SERVICES				6,992.15	560.35	6,431.80
Total HOSPITAL CHARGES				8,392.15	980.35	7,411.80

PATIENT BILL

FULL AMOUNT

FORMAT : SUMMARY

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
CONSULTANT(S) FEES						
● DR NIK ASMAH BINTI NIK HUSSAIN (CARDIOLOGY)						
REPORTING FEES						
230100 100% 803FDR F	SD ECG - RESTING REPORT FEE	04/11/2024	1	80.00	0.00	80.00
				80.00	0.00	80.00
● DR SITI HARNIDA BINTI MD ISA (ENDOCRINOLOGY & DIABETES)						
CONSULTATION FEES						
8202C3 100% 025C	FIRST [INPATIENT] CONSULTATION	05/11/2024	1	235.00	0.00	235.00
8202C3 A2 020C	WARD VISIT	06/11/2024	1	95.00	0.00	95.00
8202C3 A3 020C	WARD VISIT	06/11/2024	1	85.00	0.00	85.00
8202C3 100% 020C	WARD VISIT	07/11/2024	1	105.00	0.00	105.00
8202C3 A2 020C	WARD VISIT	08/11/2024	1	95.00	0.00	95.00
				615.00	0.00	615.00
● DR VINCENT WONG CHUN-WEI (NEPHROLOGY)						
CONSULTATION FEES						
8202C3 100% 025C	FIRST [INPATIENT] CONSULTATION	04/11/2024	1	235.00	0.00	235.00
8202C3 100% 020C	WARD VISIT	04/11/2024	1	105.00	0.00	105.00
8202C3 100% 020C	WARD VISIT	05/11/2024	2	210.00	0.00	210.00
8202C3 100% 020C	WARD VISIT	06/11/2024	2	210.00	0.00	210.00
8202C3 100% 020C	WARD VISIT	07/11/2024	2	210.00	0.00	210.00
8202C3 100% 020C	WARD VISIT	08/11/2024	2	210.00	0.00	210.00
				1,180.00	0.00	1,180.00

PATIENT BILL

FULL AMOUNT

FORMAT : SUMMARY

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
Total CONSULTANT(S) FEES				1,875.00	0.00	1,875.00
GRAND TOTAL				10,267.15	980.35	9,286.80

PATIENT BILL

FULL AMOUNT

FORMAT : SUMMARY

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
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Date	Description	Duration	Quantity
08/11/2024	Empagliflozin 25mg Tab (Jardiance)	1 Month(s)	30 Tablet
08/11/2024	Gliclazide MR 60mg Tab (Diamicron MR)	1 Month(s)	30 Tablet
08/11/2024	Janumet XR 50/1000mg Tab (Sita+Met XR)	1 Month(s)	60 Tablet
08/11/2024	Rosuvastatin 20mg Tab (Crestor)	1 Month(s)	60 Tablet

PATIENT BILL

FULL AMOUNT

FORMAT : DETAIL BREAK-UP

DAYALAN A/L SATHIAMUTTY,
B-19-13,
TREEFALL,
SETIA ALAM,
47000, SHAH ALAM,
SELANGOR DARUL EHSAN, MALAYSIA

BILL NO : SMC-IP 10093820
BILL DATE : 08/11/2024
PATIENT NAME : DAYALAN A/L SATHIAMUTTY
IC / PASSPORT NO : 750313025181
MEDICAL RECORD NO : 1001192649
VISIT ID : SMC-IP 1228074
ENCOUNTER TYPE : INPATIENT
VISIT TYPE : IP
ADMITTING DOCTOR : DR VINCENT WONG CHUN-WEI
ADMISSION DATE & TIME : 04/11/2024 04:24 PM
DISCHARGE DATE & TIME : 08/11/2024 01:00 PM

EMPLOYEE NAME :
RELATION :
EMPLOYEE NO :
GL REFERENCE NO : 24110616141669
CREDIT TERM : 30.00Days
FINANCIAL TYPE : PMCARE SDN BHD - PMCARE 2020 (IP)

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
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HOSPITAL CHARGES

ROOM CHARGES

ACCOMMODATION

1-1040	PREMIER SINGLE	(04/11/2024 - 04/11/2024)	1	350.00	105.00	245.00
1-1040	PREMIER SINGLE	(05/11/2024 - 05/11/2024)	1	350.00	105.00	245.00
1-1040	PREMIER SINGLE	(06/11/2024 - 06/11/2024)	1	350.00	105.00	245.00
1-1040	PREMIER SINGLE	(07/11/2024 - 07/11/2024)	1	350.00	105.00	245.00

Total ROOM CHARGES

1,400.00 420.00 980.00

HOSPITAL MEDICAL SERVICES

DRUGS FORMULARY

4-1671	BD POSIFLUSH (SOD CHLOR 0.9%) 5ML PFS	04/11/2024	1	31.90	1.59	30.31
4-2214	EMPAGLIFLOZIN 25MG TAB (JARDIANCE)	04/11/2024	4	43.80	2.19	41.61
4-2203	GLICLAZIDE MR 60MG TAB (DIAMICRON MR)	04/11/2024	1	5.25	0.26	4.99
4-876	GLYCERIN THYMOL GARGLE 120ML	04/11/2024	1	19.05	0.95	18.10
4-2216	JANUMET XR 50/1000MG TAB (SITA+MET XR)	04/11/2024	8	51.20	2.56	48.64
4-2009	PARACETAMOL 500MG TABLET (PANADOL)	04/11/2024	4	6.60	0.32	6.28
4-651	PROSPAN COUGH SYR 100ML	04/11/2024	1	33.30	1.66	31.64
4-108	RACECADOTRIL 100MG CAP (HIDRASEC)	04/11/2024	0	0.00	0.00	0.00
4-1888	ROSUVASTATIN 20MG TAB (CRESTOR)	04/11/2024	2	26.10	1.30	24.80
4-1262	(I) INSULIN LANTUS SOLOSTAR 100 UNITS/ML PEN, 3ML (GLARGINE)	05/11/2024	1	157.05	7.85	149.20
4-1671	BD POSIFLUSH (SOD CHLOR 0.9%) 5ML PFS	05/11/2024	1	31.90	1.59	30.31
4-2203	GLICLAZIDE MR 60MG TAB (DIAMICRON MR)	05/11/2024	1	5.25	0.26	4.99
4-2009	PARACETAMOL 500MG TABLET (PANADOL)	05/11/2024	8	13.20	0.64	12.56
4-108	RACECADOTRIL 100MG CAP (HIDRASEC)	05/11/2024	0	0.00	0.00	0.00
4-1888	ROSUVASTATIN 20MG TAB (CRESTOR)	05/11/2024	2	26.10	1.30	24.80
4-1671	BD POSIFLUSH (SOD CHLOR 0.9%) 5ML PFS	06/11/2024	2	63.80	3.18	60.62

PATIENT BILL

FULL AMOUNT

FORMAT : DETAIL BREAK-UP

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
4-2214	EMPAGLIFLOZIN 25MG TAB (JARDIANCE)	06/11/2024	(3)	(32.85)	(1.64)	(31.21)
4-2203	GLICLAZIDE MR 60MG TAB (DIAMICRON MR)	06/11/2024	1	5.25	0.26	4.99
4-2009	PARACETAMOL 500MG TABLET (PANADOL)	06/11/2024	2	3.30	0.16	3.14
4-1888	ROSUVASTATIN 20MG TAB (CRESTOR)	06/11/2024	2	26.10	1.30	24.80
4-1671	BD POSIFLUSH (SOD CHLOR 0.9%) 5ML PFS	07/11/2024	1	31.90	1.59	30.31
4-2203	GLICLAZIDE MR 60MG TAB (DIAMICRON MR)	07/11/2024	1	5.25	0.26	4.99
4-2216	JANUMET XR 50/1000MG TAB (SITA+MET XR)	07/11/2024	8	51.20	2.56	48.64
4-108	RACECADOTRIL 100MG CAP (HIDRASEC)	07/11/2024	2	22.00	1.10	20.90
4-1888	ROSUVASTATIN 20MG TAB (CRESTOR)	07/11/2024	2	26.10	1.30	24.80
4-2214	EMPAGLIFLOZIN 25MG TAB (JARDIANCE)	08/11/2024	30	328.50	16.42	312.08
4-2203	GLICLAZIDE MR 60MG TAB (DIAMICRON MR)	08/11/2024	31	162.75	8.13	154.62
4-2216	JANUMET XR 50/1000MG TAB (SITA+MET XR)	08/11/2024	52	332.80	16.64	316.16
4-651	PROSPAN COUGH SYR 100ML	08/11/2024	1	33.30	1.66	31.64
4-108	RACECADOTRIL 100MG CAP (HIDRASEC)	08/11/2024	1	11.00	0.55	10.45
4-1888	ROSUVASTATIN 20MG TAB (CRESTOR)	08/11/2024	60	783.00	39.15	743.85
DRUGS: MANUFACTURED ITEMS						
4-329	INSUPEN NEEDLES 33G, 4MM 20'S	05/11/2024	1	18.25	0.91	17.34
EMERGENCY MEDICAL SERVICE						
12-15753	A&E FEE (YELLOW).	04/11/2024	1	94.00	9.40	84.60
12-15778	AE RMO - COVID THROAT SWAB.	04/11/2024	1	0.00	0.00	0.00
12-15787	AE RMO - IV LINE SETTING.	04/11/2024	1	59.00	5.90	53.10
12-15792	AE RMO - PHLEBOTOMY/ BLOOD CULTURE (OBS/WARD).	04/11/2024	1	45.00	4.50	40.50
12-15793	AE RMO - PHLEBOTOMY/BLOOD CULTURE.	04/11/2024	1	31.00	3.10	27.90
12-5699	AE ECG RESTING	04/11/2024	1	70.00	7.00	63.00
12-285	AE OBS BAY / HOUR - A&E	04/11/2024	1	44.00	4.40	39.60
EQUIPMENT USAGE						
12-1944	EQ INF PUMP USE / 8HR	05/11/2024	3	126.00	12.60	113.40
12-1944	EQ INF PUMP USE / 8HR	06/11/2024	3	126.00	12.60	113.40
12-1944	EQ INF PUMP USE / 8HR	07/11/2024	3	126.00	12.60	113.40
12-1944	EQ INF PUMP USE / 8HR	08/11/2024	3	126.00	12.60	113.40
GENERAL SERVICES/PROCEDURES						
12-1992	NS INJECTION PER USE	04/11/2024	1	19.00	1.90	17.10
12-1995	NS PVL ITEM USED	04/11/2024	1	30.00	3.00	27.00
GENERAL SUPPLIES						
7-121000012	3M TEGADERM IV ADVANCED 6.5CM X 7CM	04/11/2024	1	12.95	1.29	11.66
7-164100003	4097154N SAFEFLOW EXTENSION SET	04/11/2024	1	28.95	2.89	26.06
7-135000001	INTRAFIX SAFESET P I.S. Y-N.F. VALVE	04/11/2024	1	16.25	1.62	14.63
7-102200031	LATEX EXAMINATION GLOVES POWDER FREE SIZE M 20S	04/11/2024	1	12.10	1.21	10.89
7-102200030	LATEX EXAMINATION GLOVES POWDER FREE SIZE S 20S	04/11/2024	0	0.00	0.00	0.00
7-141300002	MEDIAIRE MALE URINAL 875ML, SIZE: 245L X 105W X 125H MM	04/11/2024	1	17.50	1.75	15.75

PATIENT BILL

FULL AMOUNT

FORMAT : DETAIL BREAK-UP

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
7-141100001	MS-KD300 MEDIAIRE KIDNEY DISH 700ML, SIZE: 250L X 130W X 50H MM	04/11/2024	1	5.30	0.53	4.77
7-175000008	STRETCHER COVER (DARK BLUE FILM)+PILLOW CASE	04/11/2024	1	91.35	9.13	82.22
7-133000002	VASOFIX SAFETY G20 X 33MM FEP	04/11/2024	1	15.35	1.53	13.82
7-135000001	INTRAFIX SAFESET P I.S. Y-N.F. VALVE	07/11/2024	1	16.25	1.62	14.63
HOSPITAL SUPPORT FEES						
12-14394	HOSPITAL SUPPORT FEES	04/11/2024	1	77.00	7.70	69.30
12-14394	HOSPITAL SUPPORT FEES	05/11/2024	1	77.00	7.70	69.30
12-14394	HOSPITAL SUPPORT FEES	06/11/2024	1	77.00	7.70	69.30
12-14394	HOSPITAL SUPPORT FEES	07/11/2024	1	77.00	7.70	69.30
LABORATORY						
2-75011	ADMISSION PROFILE 1	04/11/2024	1	196.30	19.63	176.67
2-74629	DENGUE IGM/IGG	04/11/2024	1	138.00	13.80	124.20
2-69033	DENGUE NSI ANTIGEN	04/11/2024	1	163.00	16.30	146.70
2-68209	FULL BLOOD COUNT (FBC)	04/11/2024	1	72.00	7.20	64.80
2-69117	GLUCOSE - POCT	04/11/2024	2	62.40	6.24	56.16
2-21271	FERRITIN	05/11/2024	1	121.00	12.10	108.90
2-68209	FULL BLOOD COUNT (FBC)	05/11/2024	1	72.00	7.20	64.80
2-69117	GLUCOSE - POCT	05/11/2024	4	124.80	12.48	112.32
2-70438	HEMOGLOBIN A1C (HBA1C)	05/11/2024	1	89.00	8.90	80.10
2-67340	LIVER FUNCTION TEST (LFT)	05/11/2024	1	108.00	10.80	97.20
2-68209	FULL BLOOD COUNT (FBC)	06/11/2024	1	72.00	7.20	64.80
2-69117	GLUCOSE - POCT	06/11/2024	4	124.80	12.48	112.32
2-68209	FULL BLOOD COUNT (FBC)	07/11/2024	1	72.00	7.20	64.80
2-69117	GLUCOSE - POCT	07/11/2024	3	93.60	9.36	84.24
2-68209	FULL BLOOD COUNT (FBC)	08/11/2024	1	72.00	7.20	64.80
2-69117	GLUCOSE - POCT	08/11/2024	1	31.20	3.12	28.08
MEDICAL RECORD SERVICES						
12-2400	ADMISSION FEE	04/11/2024	1	66.00	0.00	66.00
MEDICAL SUPPLIES						
4-1049	SODIUM CHLORIDE 0.9% 10ML 3613291	04/11/2024	2	7.70	0.77	6.93
4-1041	SODIUM CHLORIDE 0.9% 500ML 3615482	04/11/2024	3	32.70	3.27	29.43
4-1041	SODIUM CHLORIDE 0.9% 500ML 3615482	05/11/2024	3	32.70	3.27	29.43
4-1041	SODIUM CHLORIDE 0.9% 500ML 3615482	06/11/2024	3	32.70	3.27	29.43
4-1041	SODIUM CHLORIDE 0.9% 500ML 3615482	07/11/2024	4	43.60	4.36	39.24
4-1041	SODIUM CHLORIDE 0.9% 500ML 3615482	08/11/2024	1	10.90	1.09	9.81
MOLECULAR LABORATORY						
2-75093	SARS-COV-2 RT-PCR (COVID-19)	04/11/2024	1	160.00	0.00	160.00
NURSING SERVICES						
12-2692	AE NURSING PROCEDURE CHARGES	04/11/2024	1	13.00	1.30	11.70
12-2707	NS NURSING SERVICE FEES	04/11/2024	1	198.00	19.80	178.20
12-2707	NS NURSING SERVICE FEES	05/11/2024	1	198.00	19.80	178.20

PATIENT BILL

FULL AMOUNT

FORMAT : DETAIL BREAK-UP

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
12-2707	NS NURSING SERVICE FEES	06/11/2024	1	198.00	19.80	178.20
12-2707	NS NURSING SERVICE FEES	07/11/2024	1	198.00	19.80	178.20
12-5700	AE ECG NURSING ELECTRODE	04/11/2024	2	48.00	4.80	43.20
PACKAGE						
8-827	COVID ANTIGEN TEST - FREE OF CHARGE (IP-FOC)	04/11/2024	1	0.00	0.00	0.00
PPE SUPPLIES						
7-102100034	9" NITRILE POWDERED FREE EXAM GLOVE SIZE M 100S	04/11/2024	2	1.20	0.12	1.08
7-102100033	9" NITRILE POWDERED FREE EXAM GLOVE SIZE S 100S	04/11/2024	2	1.20	0.12	1.08
PROCEDURES						
12-1947	NS MONITORING PACKG / 8HR	04/11/2024	1	99.00	9.90	89.10
12-1947	NS MONITORING PACKG / 8HR	05/11/2024	1	99.00	9.90	89.10
12-1947	NS MONITORING PACKG / 8HR	06/11/2024	1	99.00	9.90	89.10
12-1947	NS MONITORING PACKG / 8HR	07/11/2024	1	99.00	9.90	89.10
Total HOSPITAL MEDICAL SERVICES				6,992.15	560.35	6,431.80
Total HOSPITAL CHARGES				8,392.15	980.35	7,411.80

CONSULTANT(S) FEES

● DR NIK ASMAM BINTI NIK HUSSAIN (CARDIOLOGY)						
REPORTING FEES						
230100 100% 803FDR F	SD ECG - RESTING REPORT FEE	04/11/2024	1	80.00	0.00	80.00
				80.00	0.00	80.00
● DR SITI HARNIDA BINTI MD ISA (ENDOCRINOLOGY & DIABETES)						
CONSULTATION FEES						
8202C3 100% 025C	FIRST [INPATIENT] CONSULTATION	05/11/2024	1	235.00	0.00	235.00
8202C3 A2 020C	WARD VISIT	06/11/2024	1	95.00	0.00	95.00
8202C3 A3 020C	WARD VISIT	06/11/2024	1	85.00	0.00	85.00
8202C3 100% 020C	WARD VISIT	07/11/2024	1	105.00	0.00	105.00
8202C3 A2 020C	WARD VISIT	08/11/2024	1	95.00	0.00	95.00
				615.00	0.00	615.00

PATIENT BILL

FULL AMOUNT

FORMAT : DETAIL BREAK-UP

REF BILL NO	: SMC-IP 10093820	VISIT TYPE	: INPATIENT
PATIENT NAME	: DAYALAN A/L SATHIAMUTTY	IC / PASSPORT NO	: 750313025181
MEDICAL RECORD NO	: 1001192649	VISIT ID	: SMC-IP 1228074
ADMISSION DATE AND TIME	: 04/11/2024 4:24 PM	DISCHARGE DATE AND TIME	: 08/11/2024 01:00 PM
FINANCIAL TYPE	: PMCARE SDN BHD - PMCARE 2020 (IP)		

SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	ALLOCATED AMOUNT
DR VINCENT WONG CHUN-WEI (NEPHROLOGY)						
CONSULTATION FEES						
8202C3 100% 025C	FIRST [INPATIENT] CONSULTATION	04/11/2024	1	235.00	0.00	235.00
8202C3 100% 020C	WARD VISIT	04/11/2024	1	105.00	0.00	105.00
8202C3 100% 020C	WARD VISIT	05/11/2024	2	210.00	0.00	210.00
8202C3 100% 020C	WARD VISIT	06/11/2024	2	210.00	0.00	210.00
8202C3 100% 020C	WARD VISIT	07/11/2024	2	210.00	0.00	210.00
8202C3 100% 020C	WARD VISIT	08/11/2024	2	210.00	0.00	210.00
				1,180.00	0.00	1,180.00
Total CONSULTANT(S) FEES				1,875.00	0.00	1,875.00
GRAND TOTAL				10,267.15	980.35	9,286.80

SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 02:42 PM
Coll. date : 04/11/2024 03:06 PM
Request No : 4500992053 URGENT
Hos No : 0001227483
Doctor : DR ANG JIEYANG
Location : A&E Clinic

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Molecular

COVID-19 RT-PCR

Specimen Type	Nasopharyngeal and oropharyngeal swabs
SARS-CoV-2	Not detected
Reference range	Reference range:
	Ct > 40 Not Detected (Negative)
	Ct < 40 Detected (Positive)

Methodology :

This test was performed using multiplex real-time RT-PCR assay for the detection of SARS-CoV-2 (COVID-19). The detection limit of this assay is within 100 copies/mL to 500 copies/mL. Thus, a negative PCR does not exclude the presence of pathogens present which may be in numbers below the detection limit of the assay or may be due to pathogens that are not in the list of test panel.

If the individual risk (eg. travel, contact with case etc) is within the incubation period of 14 days, it is advisable to retest at the end of the incubation period.

Ref: Guidelines COVID-19 Management in Malaysia No. 05/2020 (Edisi Kelima) Dated 25 March 2020

* The above test is accredited under scope of accreditation MS ISO 15189

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 02:41 PM
Coll. date : 04/11/2024 03:07 PM
Request No : 4500992050 URGENT
Hos No : 0001227483
Doctor : DR ANG JIEYANG
Location : A&E Clinic

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Immunosero

Dengue Antibody

Dengue IgM

Dengue IgG

Dengue Antigen

Negative

Negative

Negative

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 02:41 PM
 Coll. date : 04/11/2024 03:08 PM
 Request No : 4500992049 URGENT
 Hos No : 0001227483
 Doctor : DR ANG JIEYANG
 Location : A&E Clinic

Name : DAYALAN A L SATHIAMUTTY
 Pat No : 1001192649
 Hos No : 0001228074
 Alt No : 00750313025181
 D.O.B. : 13/03/1975
 Sex : Male

Req. comment :
 Pat. comment :

Haemato

Full Blood Count

RBC	4.86	10 ¹² /L	4.50 - 5.50
Haemoglobin	14.3	g/dL	13.0 - 17.0
PCV	41	%	40 - 50
MCV	84	fL	80 - 99
MCH	29	pg	27 - 32
MCHC	H 35.0	g/dL	31.5 - 34.5
RDW	12.8	%	11.6 - 14.0
Platelet Count	168	10 ⁹ /L	150 - 410
Total WBC	6.1	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	54	%	40 - 75
Lymphocytes	36	%	20 - 45
Monocytes	6	%	2 - 10
Eosinophils	3	%	0 - 6
Basophils	1	%	0 - 2
Neutrophil #	3.29	K/uL	2.00 - 7.00
Lymphocytes #	2.20	K/uL	1.00 - 3.00
Monocytes #	0.37	K/uL	0.20 - 1.00
Eosinophils #	0.18	K/uL	0.02 - 0.50
Basophils #	0.06	K/uL	0.02 - 0.10

DC (Manual)

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 03:08 PM
Coll. date : 04/11/2024 04:05 PM
Request No : 4500992200
Hos No : 0001227483
Doctor : DR ANG JIEYANG
Location : A&E Clinic

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Chemistry

Renal Profile 1

Sample condition		Lipemic +, Icteric +	
Sodium	136	mmol/L	136 - 145
Potassium	3.8	mmol/L	3.5 - 5.1
Chloride	99	mmol/L	98 - 107
Glucose	H 22.0	mmol/L	3.9 - 6.0
Urea	3.5	mmol/L	3.2 - 7.4
Creatinine	L 60	umol/L	64 - 104
eGFR	>90		
eGFR Interpretation: Normal or high kidney function.			
Uric Acid	294	umol/L	210 - 420
Albumin	43	g/L	35 - 52
Calcium	2.27	mmol/L	2.10 - 2.55
Corrected Calcium	2.21	mmol/L	2.10 - 2.55
Phosphate Inorganic	1.08	mmol/L	0.74 - 1.52
LFT			
Protein total	76	g/L	64 - 83
Albumin	43	g/L	35 - 52
Globulin	33	g/L	20 - 40
A/G Ratio	1.3		
Bilirubin Total	H 24.4	umol/L	3.4 - 20.5
ALP	90	U/L	50 - 116
ALT	27	U/L	0 - 55
AST	20	U/L	5 - 34
Gamma - GT	H 123	U/L	12 - 64
Immunosero			
C-Reactive Protein	1.3	mg/L	< 5.0

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 03:08 PM
Coll. date : 04/11/2024 04:36 PM
Request No : 4500992244
Hos No : 0001227483
Doctor : DR ANG JIEYANG
Location : A&E Clinic

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Urinalysis

Urinalysis

Appearance	Clear		
Color	Light Yellow		
Glucose	4+		
Bilirubin	Negative		
Ketone	Negative		
Specific Gravity	H 1.032		1.000 - 1.030
Reaction-pH	6.0		4.2 - 8.4
Protein	Negative		
Urobilinogen	<2.0	mg/dL	< 2.0
Nitrite	Negative		
Blood	Negative		
Leucocytes	Negative		

Microscopy

RBC (URINE)	1	cells/uL	< 7
WBC	1	cells/uL	< 6
Epithelial Cells	Nil		
Crystal	Nil		
Hyaline Cast	Nil		
Pathological Cast	Nil		
Bacteria	Nil		
Mucous Thread	Nil		
Yeast	Nil		

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SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 03:13 PM
Coll. date : 05/11/2024 06:18 AM
Request No : 4500992925
Hos No : 0001228074
Doctor : VINCENT WONG CHUN-WEI
Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :
Pat. comment :

Chemistry

HbA1c

Haemoglobin A1c
IFCC HbA1c

10.0
86

%
mmol/mol

Methodology: Enzymatic

Diagnostic Values of HbA1c in Malaysian Adults

HbA1c (NGSP) % HbA1c (IFCC) mmol/mol
< 5.7 < 39 Normal
5.7 - 6.2 39 - 44 *Prediabetes (IFG or IGT)
>= 6.3 >= 45 T2DM

IFG: Impaired Fasting Glucose; IGT: Impaired Glucose Tolerance; OGTT: Oral Glucose Tolerance Test;
T2DM: Type 2 Diabetes Mellitus

* Recommend OGTT for HbA1c levels 5.7 - 6.2%

Individualised HbA1c Target for Known Diabetes

HbA1c (NGSP) % HbA1c (IFCC) mmol/mol
<= 6.5 <= 48 A: Tight target range for young, newly diagnosed diabetes without hypoglycaemia.
6.6 - 7.0 49 - 53 B: Target range for all other individuals not in category A or C.
7.1 - 8.0 54 - 64 C: Target range for diabetes and comorbidities, short life expectancy and/or prone to hypoglycaemia.

Source: 2020 Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition), Kuala Lumpur:
Joint Publication of the Ministry of Health Malaysia, Academy of Medicine Malaysia, Malaysian Endocrine & Metabolic Society and Diabetes Malaysia.

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SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 03:13 PM
Coll. date : 05/11/2024 06:16 AM
Request No : 4500992927
Hos No : 0001228074
Doctor : VINCENT WONG CHUN-WEI
Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Chemistry

LFT

Protein total	L	62	g/L	64 - 83
Albumin		37	g/L	35 - 52
Globulin		25	g/L	20 - 40
A/G Ratio		1.5		
Bilirubin Total	H	28.7	umol/L	3.4 - 20.5
ALP		70	U/L	50 - 116
ALT		21	U/L	0 - 55
AST		17	U/L	5 - 34
Gamma - GT	H	101	U/L	12 - 64
Ferritin		74.8	ng/mL	21.8 - 274.7

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SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 03:13 PM
Coll. date : 05/11/2024 06:17 AM
Request No : 4500992926
Hos No : 0001228074
Doctor : VINCENT WONG CHUN-WEI
Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC	5.03	10 ¹² /L	4.50 - 5.50
Haemoglobin	14.5	g/dL	13.0 - 17.0
PCV	40	%	40 - 50
MCV	80	fL	80 - 99
MCH	29	pg	27 - 32
MCHC	H 36.0	g/dL	31.5 - 34.5
RDW	12.8	%	11.6 - 14.0
Platelet Count	161	10 ⁹ /L	150 - 410
Total WBC	6.8	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	45	%	40 - 75
Lymphocytes	41	%	20 - 45
Monocytes	9	%	2 - 10
Eosinophils	5	%	0 - 6
Basophils	1	%	0 - 2
Neutrophil #	3.06	K/uL	2.00 - 7.00
Lymphocytes #	2.79	K/uL	1.00 - 3.00
Monocytes #	0.61	K/uL	0.20 - 1.00
Eosinophils #	0.34	K/uL	0.02 - 0.50
Basophils #	0.07	K/uL	0.02 - 0.10

DC (Manual)

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SUNWAY MEDICAL CENTRE

Req. date : 04/11/2024 03:13 PM
Coll. date : 05/11/2024 06:18 AM
Request No : 4500992925
Hos No : 0001228074
Doctor : VINCENT WONG CHUN-WEI
Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Chemistry

HbA1c

Haemoglobin A1c
IFCC HbA1c

10.0
86

%
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Methodology: Enzymatic

Diagnostic Values of HbA1c in Malaysian Adults

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≥ 6.3 ≥ 45 T2DM

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T2DM: Type 2 Diabetes Mellitus

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Individualised HbA1c Target for Known Diabetes

HbA1c (NGSP) % HbA1c (IFCC) mmol/mol
≤ 6.5 ≤ 48 A: Tight target range for young, newly diagnosed
diabetes without hypoglycaemia.
6.6 - 7.0 49 - 53 B: Target range for all other individuals not in
category A or C.
7.1 - 8.0 54 - 64 C: Target range for diabetes and comorbidities,
short life expectancy and/or prone to
hypoglycaemia.

Source: 2020 Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition). Kuala Lumpur:
Joint Publication of the Ministry of Health Malaysia, Academy of Medicine Malaysia, Malaysian Endocrine & Metabolic
Society and Diabetes Malaysia.

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SUNWAY MEDICAL CENTRE

Req. date : 05/11/2024 12:22 PM
Coll. date : 06/11/2024 07:25 AM
Request No : 4500996251
Hos No : 0001228074
Doctor : VINCENT WONG CHUN-WEI
Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :
Pat. comment :

Haemato

Full Blood Count

RBC	4.80	10 ¹² /L	4.50 - 5.50
Haemoglobin	13.9	g/dL	13.0 - 17.0
PCV	40	%	40 - 50
MCV	83	fL	80 - 99
MCH	29	pg	27 - 32
MCHC	H 34.8	g/dL	31.5 - 34.5
RDW	12.9	%	11.6 - 14.0
Platelet Count	150	10 ⁹ /L	150 - 410
Total WBC	5.6	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	60	%	40 - 75
Lymphocytes	29	%	20 - 45
Monocytes	8	%	2 - 10
Eosinophils	3	%	0 - 6
Basophils	1	%	0 - 2
Neutrophil #	3.36	K/uL	2.00 - 7.00
Lymphocytes #	1.62	K/uL	1.00 - 3.00
Monocytes #	0.45	K/uL	0.20 - 1.00
Eosinophils #	0.17	K/uL	0.02 - 0.50
Basophils #	0.06	K/uL	0.02 - 0.10

DC (Manual)

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SUNWAY MEDICAL CENTRE

Req. date : 06/11/2024 11:41 AM
 Coll. date : 07/11/2024 07:00 AM
 Request No : 4500999214
 Hos No : 0001228074
 Doctor : VINCENT WONG CHUN-WEI
 Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
 Pat No : 1001192649
 Hos No : 0001228074
 Alt No : 00750313025181
 D.O.B. : 13/03/1975
 Sex : Male

Req. comment :
 Pat. comment :
 Haemato

Full Blood Count

RBC	4.88	10 ¹² /L	4.50 - 5.50
Haemoglobin	14.3	g/dL	13.0 - 17.0
PCV	41	%	40 - 50
MCV	85	fL	80 - 99
MCH	29	pg	27 - 32
MCHC	H 34.6	g/dL	31.5 - 34.5
RDW	12.9	%	11.6 - 14.0
Platelet Count	156	10 ⁹ /L	150 - 410
Total WBC	6.3	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	59	%	40 - 75
Lymphocytes	28	%	20 - 45
Monocytes	8	%	2 - 10
Eosinophils	5	%	0 - 6
Basophils	1	%	0 - 2
Neutrophil #	3.72	K/uL	2.00 - 7.00
Lymphocytes #	1.76	K/uL	1.00 - 3.00
Monocytes #	0.50	K/uL	0.20 - 1.00
Eosinophils #	0.31	K/uL	0.02 - 0.50
Basophils #	0.06	K/uL	0.02 - 0.10

DC (Manual)

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SUNWAY MEDICAL CENTRE

Req. date : 07/11/2024 12:44 PM
Coll. date : 08/11/2024 06:33 AM
Request No : 4501002232
Hos No : 0001228074
Doctor : VINCENT WONG CHUN-WEI
Location : WARD 2C

Name : DAYALAN A L SATHIAMUTTY
Pat No : 1001192649
Hos No : 0001228074
Alt No : 00750313025181
D.O.B. : 13/03/1975
Sex : Male

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC	5.23	10 ¹² /L	4.50 - 5.50
Haemoglobin	15.1	g/dL	13.0 - 17.0
PCV	44	%	40 - 50
MCV	84	fL	80 - 99
MCH	29	pg	27 - 32
MCHC	34.2	g/dL	31.5 - 34.5
RDW	13.0	%	11.6 - 14.0
Platelet Count	160	10 ⁹ /L	150 - 410
Total WBC	7.4	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	58	%	40 - 75
Lymphocytes	29	%	20 - 45
Monocytes	8	%	2 - 10
Eosinophils	4	%	0 - 6
Basophils	1	%	0 - 2
Neutrophil #	4.29	K/uL	2.00 - 7.00
Lymphocytes #	2.15	K/uL	1.00 - 3.00
Monocytes #	0.59	K/uL	0.20 - 1.00
Eosinophils #	0.30	K/uL	0.02 - 0.50
Basophils #	0.07	K/uL	0.02 - 0.10

DC (Manual)

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Female
(34 Years)
Room: 2C

Vent. rate
PR interval
QRS duration
QT/QTc-Baz
P-R-T axes

74 BPM
160 ms
108 ms
436/483 ms
67 -10 25

Technician ID: FATIMAH

SP. Leftward axis

T inversion III

Referred By: DR NIK ASMAH

Visit ID : 1224332
DOB/Sex : 04/07/1990 M
Age : 34 Y 4 M 0
WARD : Ward 2C

Name: YAP HUI YEE
MRN: 1001193341
IC/Bc/Pp: 900704145122
Date: 4/11/2024
BED : C-2C-19
MRP: Dr Koay Cheng Boon



Unconfirmed

Dr Nik Asmah Nik Hussain
MMC Full Registration No: 39018
MBChB (AO Hong Kong), MRCP (UK)
Consultant Cardiologist
SUNWAY MEDICAL CENTRE SD BHF
199501012653 (341355-X)

