



PERTUBUHAN KESELAMATAN SOSIAL
WISMA PERKESO
155, JALAN TUN RAZAK
50400, KUALA LUMPUR
Tel . Am : 03 - 26872600

HRPB Laporan Perubatan 201898

LAMPIRAN 1 (BK)

LAPORAN PERUBATAN / MEDICAL REPORT

1. Maklumat Pesakit / Patient Particular

Nama / Name : Sarvindran Nair a/k Krishnan Kuttu
Umur / Age : 30 Keturunan / Race : India
No. Kppn / I.C : 870916-38-5115
Nama dan alamat Majikan / Name and address of Employer : _____

Tarikh dan waktu kemalangan / Date and time of accident : Not stated, 2 weeks prior to presentation

Tarikh dan waktu rawatan pertama / Date and time of first treatment : 13/10/17 815 am

2. Doktor Yang Merawat / Attending Doctor

: Mr. Vicki

3. Masalah / Complaint

: Rt Shoulder Pain

4. Sejarah Kemalangan / History of Accident :

Alleged MVC 2/52 ago.

5. Pemeriksaan Fizikal / Physical Examination :

- 5.1. Loss of consciousness Yes () No ()
5.2. Vomiting Yes () No ()
5.3. Bleeding (ENT) Yes () No ()
5.4. GCS _____ /15 (if less than 15 please specify) Yes () No ()
5.5. Blood pressure _____ mmHg
5.6. Fractures and Wounds : _____
Soft tissue injury : _____
Close fracture : _____
Compound fracture : _____
5.7. Kecelakaan sendi, anggota lain / Joint, other limb injuries (Please specify) _____
5.8. Review of System : _____
CVS : _____
Lungs : _____
Abdomen : _____
Others : _____

6. Kecacatan atau penyakit sedia ada /
Pre - existing condition

Yes () Nyatakan

No (/)

7. Pemeriksaan / Investigations (X-ray finding / lab test / others)

Pemeriksaan (X-ray) / X-Ray
Laporan Makmal / Lab test
Lain - lain (others) :

met Rt Shoulder (20/10/17) - Rt Shoulder SST tear

8. Diagnosa / Diagnosis :

Right Shoulder Supraspinatus Avulsion Tear

9. Rawatan / Treatment

Pesakit luar / out patient

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Pesakit dalam / In patient

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Nyatakan / specify :

Analgesic / Physiotherapy

10. Tempoh cuti sakit / period of medical leave

Dari :

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Hingga :

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11. Catatan / Remarks (Jika ada)

Improving with physiotherapy. Offered surgery but patient not keen
as symptoms are improving

Saya mengaku bahawa kenyataan di atas adalah lengkap dan benar.
I hereby certify that the statement above are complete and true

Tarikh /
Date :

16/1/2018

T.T Pakar / Doktor

Signature of the Specialist / Doctor

[Signature]

Nama penuh dan kelulusan
(Full name and qualification)

Cop rasmi Klinik / Hospital
(Clinic or Hospital official stamp)

DR. MAHENDRAN SUBRAMANIAM
NO. MMC: 37308
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