

JOJO HOSPITAL - MEDICAL REPORT

SECTION 1: PATIENT'S PARTICULARS

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| Full name of patient | Nurul Huda |
| NRIC/Passport no. | 740310-08-2090 |
| Age of patient | 51 years old |
| Gender | Female |
| Blood type | B+ |
| Allergies | None |

SECTION 2: DOCTOR'S PARTICULARS

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| Full name of doctor | Dr. Rajesh Kumar |
| MCR no. of doctor | JH445566 |
| Hospital / Clinic | Jojo Hospital, 88 Wellness Road, Kuala Lumpur |
| Doctor's qualifications and experience | MBBS (India), MRCP (UK), Cardiologist with 12 years' experience. |
| Doctor-patient relationship | Patient under care with regular follow-ups. Examined on 19 February 2024 for this report. |

SECTION 3: PATIENT'S MEDICAL INFORMATION

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| Current complaints | Painful swollen knee after injury. |
| Clinical history | History consistent with Osteoarthritis of knee, Post-traumatic Arthritis. Patient has experienced symptoms such as painful swollen knee after injury. and requires ongoing treatment and monitoring. |
| Findings from physical/mental state examination | Examination findings support the diagnosis of Osteoarthritis of knee, Post-traumatic Arthritis. Physical signs and clinical tests align with the reported complaints. |
| Relevant investigation results | Diagnostic imaging and laboratory results reveal abnormalities consistent with Osteoarthritis of knee, Post-traumatic Arthritis. |
| Diagnosis | 1. Osteoarthritis of knee 2. Post-traumatic Arthritis |

SECTION 4: OPINION ON PATIENT’S MENTAL CAPACITY

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| Personal Welfare | Patient's welfare considerations are dependent on the clinical condition described. Support from caregivers is recommended. |
| Property & Affairs | Patient may require support in handling financial and property-related matters depending on the severity of illness. |
| Basis of opinion | Opinion is based on correlation between symptoms, clinical findings, and diagnosis. Condition affects the patient's independence. |
| Prognosis | Osteoarthritis of knee is typically chronic and requires long-term management. Overall prognosis depends on treatment compliance and disease progression. |

SECTION 5: DECLARATION

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| Declaration | I confirm that this report is true to the best of my knowledge and belief. I understand my duty is to the Court and I have complied with that duty. |
| Signature | _____ |
| Name | Dr. Rajesh Kumar |
| Date | 19 February 2024 |