



Korea Triangle TCM Acupuncture SDN. BHD
K-01-10, Soho KL, Solaris Mont Kiara,
No.2, Jalan Solaris, 50480 KL Malaysia.
(TEL: 03-6211 2099 /03-6203 0278)

RENDERING PHYSICIAN'S STATEMENT

PATIENT INFORMATION	FIRST NAME MICHAL	LAST NAME UHRINEK	DATE OF BIRTH 29 / AUG / 1992	SEX MALE
DIAGNOSIS Epilepsy and polyuria.		ICD CODE BC4408152		
-ACCIDENT		-SICKNESS		
DATE OF ACCIDENT 29/01/2024	PLACE OF ACCIDENT C-26-12, United Point Residence, Jalan Lang Emas, Taman Segambut Aman, 52100 KL.		WHEN DID PATIENTS SYMPTOMS OF SICKNESS FIRST APPEAR?	
NATURE & CONDITION OF INJURY OR SICKNESS				
*IF SURGICAL OPERATION PERFORMED DESCRIBE FULLY				
*HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? - IF YES, GIVE APPROX. DATE - IF YES, DID PATIENT RECEIVE ANY TREATMENT FOR PRIOR SYMPTOMS BY ANY DOCTOR?				
WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION?			DESCRIBE ANY OTHER DISEASES OR INFIRMITY AFFECTING PRESENT CONDITION	
PERIOD OF YOUR TREATMENT 24 days	OUT PATIENT	FROM.	03/FEBRUARY/ 2024 TO. 26/FEBRUARY/ 2024	
	INPATIENT	FROM.	TO.	
IS YOUR PATIENT STILL UNDER CARE FOR THIS CONDITION? YES NO				
PHYSICIAN INFORMATION	ADDRESS	K-01-10, Soho KL Solaris Mont Kiara No.2, Jalan Solaris 50480 Kuala Lumpur, Malaysia		
	TEL	+603-6211 2099 +603-6203 0278		
	DATE	26 / FEB / 2024		
		NAME	Jung Soon Chul	
		SIGNATURE/ OFFICIAL SEAL		
		RENDERING PHYSICIAN		

KOREA TRIANGLE TCM
ACUPUNCTURE SDN BHD
(919530-P)
K-01-10, Soho KL, Solaris Mont Kiara
No. 2, Jalan Solaris
50480 Kuala Lumpur
Tel: 03-6211 2099
Email: csc4u@yahoo.co.kr

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official receipt

Bill To: 100240203.


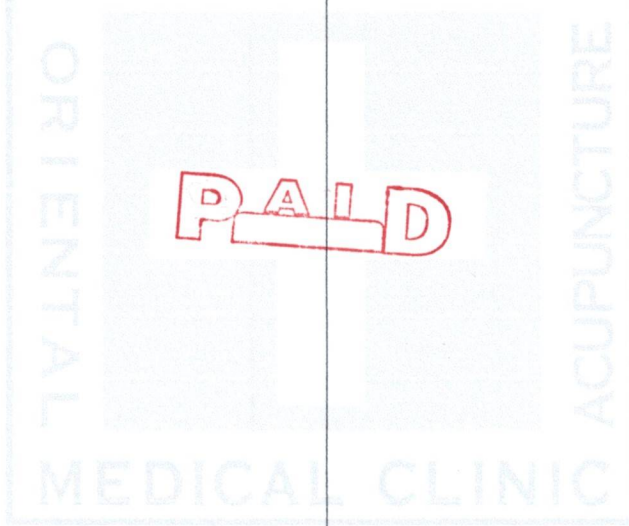
Name : MICHAL UHRINEK.

Date Of Birth : 29 AUGUST 1992.

Gender: Male.


Passport No: BC4408152.

Date : 03/02/2024

Description	Amount
[03/FEBRUARY/2024]	
<input type="checkbox"/> Special Acupuncture Treatment	RM180
<input type="checkbox"/> Acupuncture Treatment	RM100
<div style="text-align: center;">  </div>	
<div style="text-align: center;">  </div>	
*Symptoms: Epilepsy and polyuria.	
TOTAL	RM280

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(Dr. Jung Soon Chul)

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official receipt

Bill To: 100240208.

Name : MICHAL UHRINEK.

Date Of Birth : 29 AUGUST 1992.

Gender: Male.

Passport No: BC4408152.

Date : 08/02/2024

Description	Amount
[08/FEBRUARY/2024]	
<input type="checkbox"/> Special Acupuncture Treatment	RM180
<input type="checkbox"/> Acupuncture Treatment	RM100
<div>ORIENTAL ACUPUNCTURE MEDICAL CLINIC</div> <div>PAID</div>	
*Symptoms: Epilepsy and polyuria.	
TOTAL	RM280

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official receipt

Bill To: 100240217.

Name : MICHAL UHRINEK.

Date Of Birth : 29 AUGUST 1992.

Gender: Male.

Passport No: BC4408152.

Date : 17/02/2024

Description	Amount
[17/FEBRUARY/2024] <input type="checkbox"/> Special Acupuncture Treatment <input type="checkbox"/> Acupuncture Treatment <input type="checkbox"/> Cuina Treatment	RM220 RM120 RM55
<div>PAID</div>	
*Symptoms: Epilepsy and polyuria.	
TOTAL	RM395

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official receipt

Bill To: 100240220.

Name : MICHAL UHRINEK.

Date Of Birth : 29 AUGUST 1992.

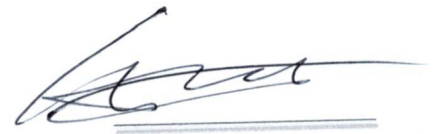
Gender: Male.

Passport No: BC4408152.

Date : 20/02/2024

Description	Amount
[20/FEBRUARY/2024]	
<input type="checkbox"/> Special Acupuncture Treatment	RM200
<input type="checkbox"/> Acupuncture Treatment	RM130
<input type="checkbox"/> Herbal Plaster Tapping	RM6
<div>PAID</div>	
*Symptoms: Epilepsy and polyuria.	
TOTAL	RM336

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(Dr. Jung Soon Chul)



Jungs' Oriental Medical Clinic



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official receipt

Bill To: 100240223.

Name : MICHAL UHRINEK.

Date Of Birth : 29 AUGUST 1992.

Gender: Male.

Passport No: BC4408152.

Date : 23/02/2024

Description	Amount
[23/FEBRUARY/2024]	
<input type="checkbox"/> Special Acupuncture Treatment	RM200
<input type="checkbox"/> Acupuncture Treatment	RM130
<input type="checkbox"/> Herbal Plaster Tapping	RM6
<div>PAID</div>	
*Symptoms: Epilepsy and polyuria.	
TOTAL	RM336

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Jungs' Oriental Medical Clinic



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official receipt

Bill To: 100240226.

Name : MICHAL UHRINEK.

Date Of Birth : 29 AUGUST 1992.

Gender: Male.

Passport No: BC4408152.

Date : 26/02/2024

Description	Amount
[26/FEBRUARY/2024] <input type="checkbox"/> Acupuncture Treatment	RM120
<div>PAID</div> <div>ORIENTAL ACUPUNCTURE MEDICAL CLINIC</div>	
*Symptoms: Epilepsy and polyuria.	
TOTAL	RM120

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