Tgl./*Date*  :

No. : McD/ RLH/ Clinic /0001

Kepada/To **:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RSBK** |  | **RSE** |  | **RSHB** |  | **RSAB** |  | **RSBP** |  | **RSGH** |  | **RSMA** |  | **RSHBH** |

Hospital :

|  |  |
| --- | --- |
|  | **RSDD** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Dentist |  | Internist |  | Pulmonologist |  | Cardiologist |
|  | Eye |  | ENT |  | Paediatric |  | Surgeon |
|  | Obstetrician |  | Neurologist |  | Urologist |  | Neurosurgeon |
|  | Orthopaedic |  | Physiotherapist |  | Dermatologist |  | Psychiatrist |

Specialist :

**PERMINTAAN KONSULTASI**

***REQUEST FOR CONSULTATION***

|  |  |
| --- | --- |
| Dengan hormat,  Mohon konsultasi atas pasien kami, pembawa surat ini : | *Dear Sirs,*  *We wish to consult our patient, the bearer of this letter :* |

NAMA/*NAME* :

PEKERJAAN */ JOB* : NO.KAR/*EMPL.NO* :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Pemeriksaan / penanganan lebih lanjut |  | Pembedahan |  | Perawatan |  | Bersalin |

Untuk

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Further treatmen* |  | *Surgery* |  | *Hospitalization* |  | *Maternity* |

*For*

Diagnosis sementara :

*Temporary diagnosis*:

Terapi yang telah diberikan :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Kelas VIP** |  | **Kelas 1B** |  | **Kelas 2** |

*Therapy provided :*

Apabila perlu rawat inap, fasilitas yang dapat diberikan adalah :

|  |  |
| --- | --- |
| Mohon hasil pemeriksaan Sejawat terhadap pasien dan anjuran terapi selanjutnya.   * Sekiranya pasien telah dapat kami tangani, mohon pasien dikirim kembali kepada kami.   Atas bantuan Sejawat, kami ucapkan terima kasih. | * *Please advise us of the result of your examination and recommendation for follow-up therapy.* * *Kindly refer the patient back to us when the patient condition permits.*   *Thank you for your assistance.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *VIP Class* |  | *Class 1B* |  | *Class 2* |

*If hospitalisation is required, facilities that may be given is*

Hormat kami/*Your truly,*

**PT.MCDERMOTT INDONESIA**

**dr. OPSI YANDRA PUTRA.**

**Medical Services Manager**

**Distribution: Category :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Kanker |  | ACCIDENT InSide |  | EMPLOYEE |

Appointed Hospital/Lab (Original)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Kelainan Bawaan |  | ACCIDENT OutSide |  | DEPENDENT |

PTMI Clinic

Tagihan mohon dikirim bersama surat ini (yang ASLI atau DUPLIKAT ASLI bukan fotokopi) ke Bagian Keuangan kami.

*Kindly send the invoice together with this letter (the ORIGINAL or DUPLICATE, not photocopy), to our Accounting Department.*

Engineering, Procurement, Construction & Installation services for offshore field developments worldwide