

**BORANG PERMOHONAN LAPORAN PERUBATAN HOSPITAL KUALA LUMPUR**

<b>A) Maklumat Pemohon</b> <i>Applicant's Details</i>	* ( sila tandakan ✓ ) bagi Laporan siap <i>Please ( ✓ ) your option for report ready</i>	: <input type="checkbox"/> <b>Pos</b> <i>Post</i>	<input type="checkbox"/> <b>Datang Ambil Sendiri</b> <i>Collect at Counter</i>
Nama Pemohon - <i>Applicant's Name</i> :			
No. KP (Baru) / Passport / Lain-lain <i>Ic No / Passport / Others</i> :		Hubungan Dengan Pesakit <i>Relationship with patient</i> :	
Alamat Pemohon <i>Applicant's Address</i> :			
No. Telefon - <i>Telephone</i> :		(Rumah) Home (H/P) Mobile No :	
<b>B) Maklumat Pesakit / Simati – Patient's Details / Deceased</b>			
Nama Pesakit / simati <i>Patient's Name / Deceased name</i> :			
No. KP (Baru) <i>Identification No</i> :		No. Passport / lain-lain <i>Passport / Others</i> :	
Jantina <i>(Gender)</i> :	<input type="checkbox"/> Lelaki <i>Male</i> <input type="checkbox"/> Perempuan <i>Female</i>	Umur <i>Age</i> :	Wad/ Klinik <i>Ward / Clinic</i> :
Tarikh mula rawatan di klinik pakar / Tarikh masuk hospital <i>Date of treatment / date of admission</i> :			
Tarikh keluar hospital / Tarikh meninggal dunia <i>Date of discharge / date of death</i> :			
<b>C) Laporan yang dipohon ( sila tandakan ✓ ) * - Type of the Application. Please ( ✓ ) the option</b>			
i) Laporan perubatan biasa oleh pegawai perubatan (RM 40) - <i>Medical Report by Medical officer ( non citizen RM120 )</i>			<input type="checkbox"/>
ii) Laporan perubatan biasa oleh pakar (RM 80) - <i>Medical Report by Specialist ( non citizen RM 240 )</i>			<input type="checkbox"/>
iii) Laporan terperinci oleh pakar (RM 200 – RM 1000 mengikut kerumitan) - <i>Details Report by Specialist according to complexity ( non citizen RM 400 - RM2000 )</i>			<input type="checkbox"/>
Laporan perubatan diperlukan untuk PERKESO / INSURANS / BURUH '90 / KWSP / lain-lain : .....			
<b>D) Butiran Bayaran - Payment's Details</b>			
Bersama-sama ini disertakan Cek / Kiriman Wang / Wang Pos bernombor ..... / Wang Tunai berjumlah RM ..... bertarikh ..... bagi bayaran laporan tersebut. <i>Together this is included check / money Order / Postal Order numbered ..... / Cash amounted to RM ..... dated ..... for the payment of the report</i>			
<b>E) Keizinan daripada pesakit – Consent by patient</b>			
Saya membenarkan pihak hospital mengeluarkan laporan perubatan kepada pemohon bernama ..... No K.p / Passport ..... dan melepaskan pihak Hospital dari sebarang tindakan perundangan yang berkaitan dengannya. <i>I hereby authorize the hospital to issue a medical report to the named applicant ..... Ic.No / Passport: ..... And discharge the Hospital from any legal action in relation thereto.</i>			
Tanda tangan / cop jari pesakit : ..... <i>Sign / Thumb print</i>		<b>F) Untuk Kegunaan Pejabat Rekod Perubatan</b> <u>Tandatangan</u>  Nama Saksi/Cop Rasmi : ..... Jawatan : ..... Tarikh : .....	
Nama Pesakit / Waris <i>Patient's Name / Beneficiary</i> :			
No. KP <i>Ic No/Passport/Others</i> :			
Tarikh - Date : .....			
<b>Nota : Wakil yang hadir untuk mengambil laporan bagi pihak pemohon perlu mempunyai <u>Surat Turun Kuasa</u></b> <b>Note : Representatives who are present to take a report on behalf of the applicant must have <u>Authorized from Applicant</u></b>			
<b>G) Akuan Penerimaan Resit – Acknowledgement of receipt</b>			
Saya mengaku menerima resit pembayaran bagi permohonan laporan perubatan dan tidak akan membuat sebarang tuntutan kehilangan resit kepada pihak Hospital Kuala Lumpur. – <i>I declare to accept a payment for a medical report request and will not make any claim for loss of receipt to the Hospital Kuala Lumpur</i>			
Tandatangan : <i>Sign</i> .....	No. Resit : <i>Receipt No</i> .....	No. Daftar Permohonan	

Nama Name	:	.....	Tarikh Resit Receipt Dated	:	.....	.....
--------------	---	-------	-------------------------------	---	-------	-------

## SENARAI SEMAK PERMOHONAN LAPORAN PERUBATAN

### A. PESAKIT (sendiri) – PATIENT

1. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*
2. Salinan kad temujanji / discaj note / bil Hospital – *Copy Appointment Card /Discharge Note / Hospital Bill*
3. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh '90 dll) – *Related Form (Insurance/KWSP/PERKESO/Buruh '90 etc)*
4. Bayaran - *Payment*

### B. IBU BAPA (pesakit berumur 18 tahun kebawah) – PARENT (Patient below 18 years)

1. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*
2. Salinan Sijil Lahir Pesakit – *Copy of Patient Birth Certificate*
3. Salinan kad pengenalan ibu/bapa/penjaga yang sah - *Copy of valid parent Identity Card*
4. Salinan kad temujanji / discaj note / bil Hospital  
*Copy Appointment Card /Discharge Note / Hospital Bill*
5. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh '90 dll)  
*Related Form (Insurance/KWSP/PERKESO/Buruh '90 etc)*
6. Bayaran - *Payment*

### C. WAKIL PESAKIT / WARIS TERDEKAT ( Suami Isteri, Anak, Adik beradik kandung) – PATIENT REPRESENTATIVE / NEXT OF KIN (Husband Wife, Children, Biological Siblings)

1. Surat keizinan **ASAL** dari pesakit (menyatakan nama agen atau wakil)  
*Original Consent letter from patient (mention agent name or representative)*
2. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*
3. Salinan kad pengenalan/pasport pemohon - *Copy Identification/passport Applicant*
4. Salinan kad temujanji / discharge note / bil hospital pesakit  
*Copy Appointment Card / Discharge Note / Hospital Bill*
5. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh '90 dll)  
*Related Form (Insurance/KWSP/PERKESO/Buruh '90 etc)*
6. Salinan kad pengenalan ibu/bapa/penjaga yang sah (Jika berkaitan)  
*Copy of valid parent / guard Identity Car (If Applicable)*
7. Salinan sijil nikah (jika berkaitan) – *Copy of married Certificate (If Applicable)*
8. Salinan sijil lahir (jika berkaitan) - *Copy of Birth Certificate (If Applicable)*
9. Perintah Mahkamah (jika berkaitan) – *Court Order (if Applicable)*
10. Salinan permit kubur / Sijil Kematian – *Copy of graves permit / death certificate (If Applicable)*
11. Bayaran - *Payment*

i) Borang KWSP, Insurans, PERKESO **TIDAK** disediakan. Sila dapatkan borang berkenaan di jabatan/agensi berkenaan.  
**NOTA :** *KWSP, Insurance , PERKESO form **NOT** provided. Kindly please get the form at the relevant department / agency*

ii) Wakil yang hadir untuk mengambil laporan bagi pihak pemohon perlu mempunyai  
**Surat Turun Kuasa**  
*Representatives who are present to take a report on behalf of the applicant must have **Authorized from Applicant***

Unit Medico Legal  
Jabatan Rekod Perubatan  
Wisma Rekod  
Hospital Kuala Lumpur  
50586 Kuala Lumpur  
Tel : 03-26155555 Ext. 7153/7149/5998 Fax : 03-26911681