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| letterhead | | | ***HKL/JRP/ML-102 (Pind.1/2019)***  **BORANG PERMOHONAN LAPORAN PERUBATAN HOSPITAL KUALA LUMPUR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Maklumat Pemohon**   ***Applicant’s Details*** | | | | | | | | | | **\* ( sila tandakan √ ) bagi Laporan siap**  *Please (* **√** *) your option for report ready* | | | | | | | | | | | | | | | | | | **:** | | **Pos**  *Post* | | | | | **Datang Ambil Sendiri**  *Collect at Counter* | |
| Nama Pemohon - *Applicant’s Name* | | | | | | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | |
| No. KP (Baru) / Passport / Lain-lain  Ic No / *Passport / Others* | | | | | | | | | | | | : | |  | | | | | | | | Hubungan Dengan Pesakit Relationship with patient | | | | | | | | | | | : |  | | |
| Alamat Pemohon  *Applicant’s Address* | | | | | | : |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. Telefon - *Telephone No* | | | | | | | | : | | (Rumah) Home | | | | | | | | | | | | | | | | (H/P) Mobile No : | | | | | | | | | | |
| **B) Maklumat Pesakit / Simati *– Patient’s Details / Deceased*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nama Pesakit / simati  Patient’s Name / Deceased name | | | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | | |
| No. KP (Baru) Identification No | | | | | : | | | |  | | | | | | | | | | No. Passport / lain-lain *Passport / Others* | | | | | | | | | | : | | | | | | | |
| Jantina  (Gender) | : | Lelaki Perempuan  *Male* Female | | | | | | | | | | | | | | | Umur *Age* | : | |  | | | | | Wad/ Klinik  Ward / Clinic | | | | | | | : | | | | |
| Tarikh mula rawatan di klinik pakar / Tarikh masuk hospital *Date of treatment / date of admission* | | | | | | | | | | | | | | | | | | | | | | | : |  | | | | | | | | | | | | |
| Tarikh keluar hospital / Tarikh meninggal dunia  *Date of discharge / date of death* | | | | | | | | | | | | | | | | | | | | | | | : |  | | | | | | | | | | | | |
| **C) Laporan yang dipohon ( sila tandakan √ ) \* - *Type of the Application. Please (* √ *) the option*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) Laporan perubatan biasa oleh pegawai perubatan (RM 40) - *Medical Report by Medical officer ( non citizen RM120 )* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii) Laporan perubatan biasa oleh pakar (RM 80) - *Medical Report by Specialist ( non citizen RM 240 )* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii) Laporan terperinci oleh pakar (RM 200 – RM 1000 mengikut kerumitan)  *- Details Report by Specialist according to complexity ( non citizen RM 400 - RM2000 )* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laporan perubatan diperlukan untuk PERKESO / INSURANS / BURUH ’90 / KWSP / lain-lain : ................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D) Butiran Bayaran - *Payment’s Details*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bersama-sama ini disertakan Cek / Kiriman Wang / Wang Pos bernombor ...................................................... / Wang Tunai berjumlah RM .................... bertarikh ......................... bagi bayaran laporan tersebut.  *Together this is included check / money Order / Postal Order numbered ................................... / Cash amounted to RM ....................... dated ......................... for the payment of the report* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E) Keizinan daripada pesakit *– Consent by patient*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tanda tangan / cop jari pesakit : .........................................................................  S*ign / Thumb print*  Nama Pesakit / Waris : .........................................................................  Patient’s Name / Beneficiary | | | | | | | | | | | | | | | | | | | | | | | | | **F) Untuk Kegunaan Pejabat Rekod Perubatan** | | | | | | | | | | | |
| **Tandatangan**  Nama Saksi/Cop Rasmi :..........................................................  Jawatan :.......................................................... | | | | | | | | | | | |
| No. KP Ic No/*Passport/Others* | | | | | | | : ........................................................................... | | | | | | | | | | | | | | | | | |
| Tarikh - Date | | | | | | | : ............................................................................ | | | | | | | | | | | | | | | | | | Tarikh :.......................................................... | | | | | | | | | | | |
| **Nota :** Wakil yang hadir untuk mengambil laporan bagi pihak pemohon perlu mempunyai **Surat Turun Kuasa**  **Note :** *Representatives who are present to take a report on behalf of the applicant must have* ***Authorized from Applicant*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **G) Akuan Penerimaan Resit – *Acknowlegement of receipt*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saya mengaku menerima resit pembayaran bagi permohonan laporan perubatan dan tidak akan membuat sebarang tuntutan kehilangan resit kepada pihak Hospital Kuala Lumpur. –  *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* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tandatangan *Sign* | | : | | ......................................................................................... | | | | | | | | | | | | | | | | | No. Resit *Receipt No* | | | | | | : | .................................. | | | | | | | No. Daftar Permohonan | |
| Nama  *Name* | | : | | ...................................................................... | | | | | | | | | | | | | | | | | Tarikh Resit *Receipt Dated* | | | | | | | : | | | ............................... | | | | | ................................. |

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| SENARAI SEMAK PERMOHONAN LAPORAN PERUBATAN | |
| 1. **PESAKIT (sendiri) – *PATIENT*** 2. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient* 3. Salinan kad temujanji / discaj note / bil Hospital – *Copy Appointment Card /Discharge Note / Hospital Bill* 4. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh ‘90 dll) – *Related Form (Insurance/KWSP/PERKESO/’Buruh ’90 etc)* 5. Bayaran - *Payment* 6. **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*   * 1. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh ‘90 dll)   *Related Form (Insurance/KWSP/PERKESO/’Buruh ’90 etc)*   * 1. Bayaran - *Payment*  1. **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)*   * 1. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*   2. Salinan kad pengenalan/pasport pemohon -  *Copy Identification/passport Applicant*   3. Salinan kad temujanji / *discharge note* / bil hospital pesakit   *Copy Appointment Card / Discharge* *Note / Hospital Bill*   * 1. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh ‘90 dll)   *Related Form (Insurance/KWSP/PERKESO/’Buruh ’90 etc)*   * 1. Salinan kad pengenalan ibu/bapa/penjaga yang sah (Jika berkaitan)   *Copy of valid parent / guard Identity Car (If Applicable)*   * 1. Salinan sijil nikah (jika berkaitan) *– Copy of married Certificate (If Applicable)*   2. Salinan sijil lahir (jika berkaitan) - C*opy of Birth Certificate (If Applicable)*   3. Perintah Makamah (jika berkaitan) *– Court Order (if Applicable)*   4. Salinan permit kubur / Sijil Kematian – *Copy of graves permit / death certificate (If Applicable)*   5. Bayaran - *Payment* | |
| NOTA : | i)Borang KWSP, Insurans, PERKESO **TIDAK** disediakan. Sila dapatkan borang berkenaan di jabatan/agensi berkenaan.  *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** | |