

**HOSPITAL FATIMAH (125542-U)**

1, Lebuah Chew Peng Loon, Off Jalan Dato' Lau Pak Khuan,  
Ipoh Garden, 31400 Ipoh, Perak, Malaysia  
Tel: 605-5455777, 5455713, 5455725, 5456622.

Fax: 6 (05)-5477050 (General Line), 6 (05)-5499237 (Admission/Accounts & Billing Department)

E-mail: enquiry@fatimah.com.my

GST Reg No: 000909918208

**INTERIM BILL**

Patient Name	Date	: 17/02/2018 10:18:45
Payee : PM CARE SDN BHD	Debtor Code	: H0039
	MRN	: MR-0037195
: NO. 1, JALAN USJ 21/10,	Admission Date	: 16/02/2018 12:42:00
UEP SUBANG JAYA,	Discharge Date	: 17/02/2018 10:17:00
PETALING JAYA, SELANGOR D.E.	Length of stay (days)	: 1.0
47630 SUBANG JAYA		

Patient No	Admission No	Admitting Doctor	Ward/Room/Bed/Type
0037195	I0000191118-8	DATO' DR. K.S. SIVANANTHAN	W5E/E506-A/22

DESCRIPTION	Amount Due (RM)	Discount (RM)	Gross Amount (RM)	GST (RM)	Tax Code	Payable (RM)
<b>HOSPITAL'S CHARGES</b>						
ACCOMMODATION	300.00	0.00	300.00	0.00	ES	300.00
DRUGS AND MEDICINE	134.17	0.00	134.17	0.00	ES	134.17
ECG	55.00	0.00	55.00	0.00	ES	55.00
LABORATORY CHARGES	335.30	0.00	335.30	0.00	ES	335.30
MEDICAL / SURGICAL SUPPLIES	433.86	0.00	433.86	0.00	ES	433.86
MEDICAL EQUIPMENT	40.00	0.00	40.00	0.00	ES	40.00
OPERATING THEATRE ACCESSORIES & EQUIPMI	215.60	0.00	215.60	0.00	ES	215.60
OPERATING THEATRE CHARGES	560.00	0.00	560.00	0.00	ES	560.00
PROCEDURE	19.00	0.00	19.00	0.00	ES	19.00
X-RAY → Report not ready yet	921.10	0.00	921.10	0.00	ES	921.10
<b>Sub total</b>	<b>3,014.03</b>	<b>0.00</b>	<b>3,014.03</b>	<b>0.00</b>		<b>3,014.03</b>

**INDEPENDENT CONSULTANT**  
**COLLECTION ON BEHALF OF DOCTOR**

<b>ANAESTHETIC FEE</b>						
DR. LOH SECK POH (KEH SONG AIK SDN BHD)	979.44	0.00	979.44			979.44
<b>CONSULTATION FEE</b>						
DATO' DR. K.S. SIVANANTHAN (SIVANANTHAN SDN BHD)	371.00	0.00	371.00			371.00
<b>OPERATION FEE</b>						
DATO' DR. K.S. SIVANANTHAN (SIVANANTHAN SDN BHD)	2,798.40	0.00	2,798.40			2,798.40
<b>PRE-OP ASSESSMENT</b>						
DR. LOH SECK POH (KEH SONG AIK SDN BHD)	106.00	0.00	106.00			106.00
<b>RADIOLOGIST FEE</b>						
DATO' DR. MOHAMAD BIN ABDUL KADIR (INDAH SERATUS SDN BHD)	77.28	0.00	77.28			77.28
<b>VISIT/MANAGEMENT FEES</b>						
DATO' DR. K.S. SIVANANTHAN (SIVANANTHAN SDN BHD)	333.90	0.00	333.90			333.90
<b>Sub total</b>	<b>4,666.02</b>	<b>0.00</b>	<b>4,666.02</b>			<b>4,666.02</b>

<b>Total</b>	<b>7,680.05</b>	<b>0.00</b>	<b>7,680.05</b>	<b>0.00</b>		<b>7,680.05</b>
<b>Rounding Adjustment</b>						<b>0.00</b>



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Patient No	Admission No	Admitting Doctor	Ward/Room/Bed/Type
0037195	I0000191118-8	DATO' DR. K.S. SIVANANTHAN	W5E/E506-A/22

DESCRIPTION	Amount Due (RM)	Discount (RM)	Gross Amount (RM)	GST (RM)	Tax Code	Payable (RM)
Total Payable						7,680.05

Less : Deposit

Total Due						7,680.05
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Tax Code	Tax Description	GST
ES	GST EXEMPTED	0%

TOTAL : 7,680.05  
Additional Deposit Required :

# HOSPITAL FATIMAH

## BREAKDOWN OF CONSULTANT(S)' FEES

PATIENT'S NAME : 10000191118  
 EPISODE NO. : WARD 5E E506-A  
 WARD : 17/02/2018 10:17:00  
 DATE OF DISCHARGE : H0039 - PM CARE SDN BHD  
 PAYOR :

### DOCTOR'S CHARGES

#### INDEPENDENT CONSULTANT DOCTOR'S CHARGES

CONSULTANT	ANAESTHETIC FEE	OFFICE HOURS	AFTER OFFICE HOURS	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)
DR. LOH SECK POH							616.00	36.96	652.96
DR. LOH SECK POH				AOH 50%			308.00	18.48	326.48

CONSULTANT	CONSULTATION FEE	OFFICE HOURS	AFTER OFFICE HOURS	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)
DATO' DR. K.S. SIVANANTHAN			✓				350.00	21.00	371.00

CONSULTANT	OPERATION FEE	OFFICE HOURS	AFTER OFFICE HOURS	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)
DATO' DR. K.S. SIVANANTHAN					W2500	Closed reduction of fracture of long bone and external fixation, including POP and percutaneous K-wires, e.g. forearm	1,760.00	105.60	1,865.60

CONSULTANT	OPERATION FEE	OFFICE HOURS	AFTER OFFICE HOURS	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)
DATO' DR. K.S. SIVANANTHAN				AOH 50%	W2500	Closed reduction of fracture of long bone and external fixation, including POP and percutaneous K-wires, e.g. forearm	880.00	52.80	932.80

CONSULTANT	PRE-OP ASSESSMENT	OFFICE HOURS	AFTER OFFICE HOURS	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)
DR. LOH SECK POH							100.00	6.00	106.00

CONSULTANT	RADIOLOGIST FEE	OFFICE HOURS	AFTER OFFICE HOURS	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)

# HOSPITAL FATIMAH BREAKDOWN OF CONSULTANT(S)' FEES

PATIENT'S NAME  
EPISODE NO. : 00001911118  
WARD : WARD 5E E506-A  
DATE OF DISCHARGE : 17/02/2018 10:17:00  
PAYOR : H0039 - PM CARE SDN BHD

CONSULTANT	DATE	CODE	OPERATION / PROCEDURE	AMOUNT CHARGE (RM)	GST AMOUNT (RM)	TOTAL AMOUNT INCLUDE GST (RM)
DATO' DR. MOHAMAD BIN ABDUL KADIR				19.80	1.19	20.99
DATO' DR. MOHAMAD BIN ABDUL KADIR				19.80	1.19	20.99
DATO' DR. MOHAMAD BIN ABDUL KADIR				19.80	1.19	20.99
DATO' DR. MOHAMAD BIN ABDUL KADIR				13.50	0.81	14.31
VISIT/MANAGEMENT FEES						
OFFICE HOURS	10 <sup>5</sup> 4 <sup>2</sup>			315.00	18.90	333.90
AFTER OFFICE HOURS						
Grand Total				4,401.90	254.12	4,656.02

HOSPITAL FATIMAH, IPOH

TTAs

(ALL THE TTAs ARE ALREADY INCLUDED IN THE DRUGS & MEDICINE BREAKDOWN)

PATIENTS NAME

EPISODE NO : I0000191118

WARD : WARD 5E

DATE OF DISCHARGE : 17/02/2018

Drugs Description	Quantity	Duration	Dosage	Amount	Remark
PANADEINE TABLET	10	NA	2 TABLET	3.70	

## ITEMS ORDERED BASED ON CATEGORY

Patient's Number : 0037195

Patient's Name :

Patient's Episode : 10000191118

Episode Date : 16/02/2018

Printed Date/Time : 17/02/2018 10:19:06

User Id : NATASYA

<u>ACCOMMODATION</u>	Amount with GST (RM)	GST Code	GST Amount
ACCOMMODATION - SUPERIOR (BLOCK E)	300.00	OUT-ES	0.00
	300.00		0.00

### CARDIAC PULMONARY DIAGNOSTIC

	Amount with GST (RM)	GST Code	GST Amount
ECG (AOH)	55.00	OUT-ES	0.00
	55.00		0.00

### DIAGNOSTIC IMAGING

	Amount with GST (RM)	GST Code	GST Amount
CHEST: PA (AOH) OI	50.50	OUT-ES	0.00
HAND: AP, OBL (AOH) OI	80.20	OUT-ES	0.00
OT RADIOGRAPHY 2 (1-2HRS) (AOH)	630.00	OUT-ES	0.00
RAD/ULNAR: AP, LAT (AOH) OI	80.20	OUT-ES	0.00
WRIST: AP, LAT (AOH) OI	80.20	OUT-ES	0.00
	921.10		0.00

### DOCTOR FEE

	Amount with GST (RM)	GST Code	GST Amount
ANAESTHETIC FEE	979.44	OUT-ESSR	55.44
CONSULTATION FEE	371.00	OUT-ESSR	21.00
OPERATION FEES	2,798.40	OUT-ESSR	158.40
PRE-OP ASSESS.(RM501 AND ABOVE)	106.00	OUT-ESSR	6.00
RADIOLOGIST FEE	77.28	OUT-ESSR	4.38
VISIT/MANAGEMENT	333.90	OUT-ESSR	18.90
	4,666.02		264.12

### DRUGS AND MEDICINE

	Amount with GST (RM)	GST Code	GST Amount
DYNASTAT INJECTION 40MG (W/DILUENT)	55.91	OUT-ES	0.00
FENTANYL INJECTION 100MCG/2ML	8.00	OUT-ES	0.00
FRESOFOL 1% MCT/LCT(20ML)	19.80	OUT-ES	0.00
LIGNOCAINE INJECTION 2%/5ML	8.00	OUT-ES	0.00
PANADEINE TABLET	5.18	OUT-ES	0.00
PETHIDINE INJECTION 50MG	8.00	OUT-ES	0.00
POSIFLUSH SYRINGE 5ML	5.98	OUT-ES	0.00
STILNOX TABLET 10MG	7.80	OUT-ES	0.00
TETAVAX VACCINE (ATT)	7.50	OUT-ES	0.00
TRAMAL INJECTION 50MG/ML (TRAMADOL)	8.00	OUT-ES	0.00
	134.17		0.00

### LABORATORY CHARGES

	Amount with GST (RM)	GST Code	GST Amount
CALL OUT CHARGE	51.26	OUT-ES	0.00
GENERAL SCREEN-9 TEST (GT9)	284.04	OUT-ES	0.00

## ITEMS ORDERED BASED ON CATEGORY

Patient's Number : 0037195

Patient's Name :

Patient's Episode : I0000191118

Episode Date : 16/02/2018

Printed Date/Time : 17/02/2018 10:19:07

User Id : NATASYA

	335.30		0.00
<u>MEDICAL / SURGICAL SUPPLIES</u>	Amount with GST (RM)	GST Code	GST Amount
2IN CREPE BANDAGE (CSSD)	9.66	OUT-ES	0.00
ARM SLING - ADULT	20.60	OUT-ES	0.00
BACTERIAL VIRAL FILTER (OT)	13.53	OUT-ES	0.00
BED LINEN	2.00	OUT-ES	0.00
FINGER STRIPS 1/2 IN	16.50	OUT-ES	0.00
GENERAL NURSING (ADM/DISCHARGE)	110.00	OUT-ES	0.00
GENERAL NURSING - HIGH	65.00	OUT-ES	0.00
GENERAL NURSING - MEDIUM	45.00	OUT-ES	0.00
IV 3000 - 7CM X 9CM	3.71	OUT-ES	0.00
NURSING PACK (OT) MINOR	70.00	OUT-ES	0.00
OXYGEN MASK 1041 (ADULT)	9.03	OUT-ES	0.00
PLAIN GAUZE (10'S) 10X10X24PLY STERILE	10.35	OUT-ES	0.00
PROBE COVERS - THERMOSCAN	4.74	OUT-ES	0.00
SCALPEL BLADE NO.11	1.55	OUT-ES	0.00
SERVO -LOW FLOW WITH SODA LIME (15 MINS)	6.43	OUT-ES	0.00
SONY UPP 725 (B100)	18.06	OUT-ES	0.00
STOPPER IV CATH Q-SYTE 385100 BD	7.65	OUT-ES	0.00
SYRINGE 10ML	2.17	OUT-ES	0.00
SYRINGE 3ML	9.85	OUT-ES	0.00
VASOFIX SAFETY 20G - 4268113S	8.03	OUT-ES	0.00

433.86	0.00
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### MEDICAL EQUIPMENT

	Amount with GST (RM)	GST Code	GST Amount
PULSE OXIMETER	40.00	OUT-ES	0.00

40.00	0.00
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### OPERATING THEATRE

	Amount with GST (RM)	GST Code	GST Amount
AFTER HOURS CHARGE LESS THAN 1HR (MINOR)	180.00	OUT-ES	0.00
BASIC SURGICAL PACK 2SP9000A (7'S)	152.75	OUT-ES	0.00
ELBOW CONNECTOR HS70000	7.85	OUT-ES	0.00
IMAGE INTESIFYER PRINTER	20.00	OUT-ES	0.00
INSTRUMENT SET (MINOR/INTERMEDIATE)	35.00	OUT-ES	0.00
OT RECOVERY & MONITORING (MINOR)	50.00	OUT-ES	0.00
OT SET UP CHARGE (MINOR)	150.00	OUT-ES	0.00
OT TIME (MINOR) 15MINS	60.00	OUT-ES	0.00
OT-ADDITIONAL ASSISTANT CHARGE	120.00	OUT-ES	0.00

775.60	0.00
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### PROCEDURE

	Amount with GST (RM)	GST Code	GST Amount
COMBUR / LABSTICK	8.00	OUT-ES	0.00
IV SETTING	11.00	OUT-ES	0.00

### ITEMS ORDERED BASED ON CATEGORY

Patient's Number : 0037195

Patient's Name :

Patient's Episode : I0000191118

Episode Date : 16/02/2018

Printed Date/Time : 17/02/2018 10:19:07

User Id : NATASYA

	19.00	0.00
Total	7,680.05	264.12



**FORM MM201 (Part I)**

CRD :  
 GL Serial No. : 18021711303311  
 Previous GL Serial No. : 18021711303311  
 Date/Time of Issuance : 17/02/2018 11:30:34.059  
 Attention : DATO SIVANATHAN  
 To : HOSPITAL FATIMAH

**TRANSMISSION**

Sp/Hosp. Fax No. : 055499237  
 Other Fax No. : 055455777  
 By Hand/Courier/Mail :  
 Visit Type : NOT APPLICABLE  
 Service Type : ADMISSION  
 Appointment Date : 16/02/2018

**GUARANTEE LETTER ("GL")****GL Validity Period:**

- i) To be utilized until 02/03/2018  
 ii) For one (1) Inpatient admission not exceeding ten (10) days.  
 iii) For extension of admission, a new GL must be obtained upon expiry of ten (10) days validity.

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for Admission expenses incurred for abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.

2. The abovenamed patient is entitled to:

A total limit of not more than	AS CHARGED
A daily Room & Board charges inclusive of Meals & Tax of not more than	300.00
Intensive Care Unit	0.00
Surgical fees of not more than	0.00
Anesthetic fees of not more than	0.00
Hospital Ancillary Services of not more than	0.00
A daily In-Hospital Physician Visit of not more than	0.00
Delivery Limit of not more than	N/A

3. Diagnosis (Provisional or Primary)

**FRACTURE OF OTHER AND UNSPECIFIED FINGER / FOR SURGERY / ADMISSION FOR INVESTIGATION, ASSESSMENT & EXAMINATION ARE NOT COVER**

4. Kindly note that:

- Expense entitlement is only for or directly related to medical/surgical condition referred to the Diagnosis as per above Item No. 3.
  - Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
  - PMCare will not pay or be responsible for any expenses in excess of the above entitlement or incurred for non-entitlement as indicated above. The excess amount must be recovered by the hospital from the patient upon their discharge, to be advised in our Discharge Advice.
  - Payment of claim is subject to timely submission of complete documents, i.e. within thirty (30) days from date of service or discharge.
  - For extension of admission, the hospital must contact PMCare.
5. Kindly fax to our Careline Centre your final itemized bill, with diagnosis and surgical procedures done, so that we can advise you better on the actual coverage, bills and payment.
6. Please attach the completed form **MM201 (Part I & II)** together with your invoice for payment.
7. Please note that the following non-medical items are under exclusion:  
 Congenital Anomalies; Birth Control & Infertility Investigation or treatment; Sexually Transmitted Disease; A.I.D.S; Cosmetic Surgery; Psychiatric Disorder; and Dental Care. For complete listing, please refer to the Working Guidelines.

Yours faithfully,

For and on behalf of  
**PMCare Sdn Bhd**

Authorised Signatory

I, the abovenamed and/or on behalf of my dependent hereby consent to the release of the medical report to PMCare Sdn Bhd/payer for claims processing.

PM CARE SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888  
 Careline: 03-8026 7799 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

# PMCare Pre-Admission Form



Important Note : To request a Guarantee Letter, please complete this form prior to admission and email/fax to  
gl@pmcare.com.my/03 8023 9999.

Hospital Name		HOSPITAL FATIMAH IPOH				
Contact Person	JOTHY / ZAKRI	Contact No.	05- 5455777	Fax	05-5499237	
Admission Date	16 day 02 month 2018 year	Admission Time	am/pm			
Patient Name						
PMCare Member ID						
Company Name						
Patient IC No./Birth Certificat		Date of Birth	08/05/1963			
<b>PATIENT MEDICAL CONDITION</b>						
Presenting symptoms at time of admission and physical finding	Pain on deepening on right little finger				Blood Pressure	
					Pulse	
					Respiratory rate	
					Temperature	
Is this the <b>FIRST TIME</b> patient has this/these or similar symptom(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ year(s) _____ month(s) _____ week(s) _____ day(s) _____ day _____ month _____ year					
When did patient first consult you for this complaint/condition?						
Provisional Diagnosis	Fracture proximal phalanx of right little finger					
Etiology of the above diagnosis	Fall					
Please Indicate (✓) if the illness/injury or treatment is/are	Motor vehicle accident related	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of accident	16 day 2 month 18 year		
	Slips, Trips or Fall	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Time of accident	am/pm		
	Accident at Work	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Cosmetic/Dental Care/Refractive error	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
	Chronic Illnesses	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Influence of Drugs/Alcohol	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Psychological Disorder/Psychiatric/Sleeping Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Pregnancy Related /infertility	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Self-Inflicted Injuries/Violation of laws/Strike/Riots	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Congenital	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Has patient suffered from/Is patient suffering any illnesses stated as follows:	STD/HIV/AIDS	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	Hypertension, Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	Cardiovascular Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	Malignancy of any kind	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	Stones of the Urinary system	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	ENT conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	Hernias, haemorrhoids	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	Endometriosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	day	month	year
	Others	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	(If yes, please specify)		
				day	month	year
Can this condition be managed under outpatient basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, please state reason)	Reason	For reduction under GA			
Admission requires	<input checked="" type="checkbox"/> Hospitalisation <input type="checkbox"/> Day Care <input type="checkbox"/> On patient's request	Estimated length of stay	1 day			
Please state <b>TREATMENT PLAN</b> . e.g. lab test, imaging, and etc	<input type="checkbox"/> Medication <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Surgery <input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Diagnostic Imaging <input type="checkbox"/> Laboratory Test <input type="checkbox"/> Others, Please specify :	Estimated total cost <b>RM 8 to 10k .</b>			
Signature and stamp of Admitting Physician/Surgeon	 Jato' (Dr) K. S. SIVANANTHAN D.P.M.P. (MMC NO: 2011) MBBS (Cal), FAMM (Mal), FRCS (Edin) M. Ch. Ortho (Liverpool), F.I.C.S. CONSULTANT ORTHOPAEDIC & TRAUMA SURGERY					
If Admitting Doctor is a Medical Officer, please state Name and Specialty / Doctor to be referred to						

PMCare SDN BHD (458443-P)  
No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888  
Careline: 1-300-88-6868 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

\* Patient had ORIF A proximal phalanx of (L) little finger with splint



Patient Name	Admission/ Appointment Date		16/02/2018	Time	_____am/pm
NRIC No.	Discharge Date			Time	_____am/pm
Membership No.	Visit Type		NOT APPLICABLE		
Service Type	Patient Telephone No.				

Primary diagnosis	FRACTURE OF OTHER AND UNSPECIFIED FINGER / FOR SURGERY / ADMISSION FOR INVESTIGATION, ASSESSMENT & EXAMINATION ARE NOT COVER				
Etiology of the above diagnosis	Fall				
Presenting symptoms at time of admission	Pain, swelling & deformity				
When was the date patient sought your consultation for this condition?	16 day 2 month 18 year				
To your knowledge, was the patient previously treated for this condition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes When? _____ day _____ month _____ year Name/Address & contact number : - _____				
In your professional opinion, when did the condition first develop?	16 day 2 month 18 year				
Any possibility of relapse?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Please indicate (✓) if the illness/injury or treatment is/are	Motor vehicle accident related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Fall	Date of accident	16 day 2 month 18 year	
	Chronic	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Time of accident	_____ am/pm	
	Pregnancy related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Cosmetic	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Work related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Fertility related	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Psychological related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Congenital	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Diagnosis other than primary	Fracture phalanx				
Has patient suffered from/Is patient suffering any illnesses stated as follows:	Hypertension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Cardiovascular Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Gastrointestinal Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Malignancy of any kind	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Others	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	If yes, please specify _____ _____ day _____ month _____ year	



Treatment & Investigation

Please indicate (✓) nature of treatment and Investigation

☒ Blood Test ☐ Dietary Counseling ☒ Medical ☒ Operation ☐ Physiotherapy ☐ X-ray  
☐ Others, Please specify : \_\_\_\_\_

Medication dispensed

Analgesic

Please state procedures, investigation and operations performed

Type of Operation/Procedure/Investigation

Date Performed

Performed by

Reduction  
strapping  
under X Ray  
control

16-2-18

Dato (Dr)  
Sivananthan

Referred Doctors & Specialty

Name of Doctor

Specialty

Name of Doctor

Specialty

Name of Doctor

Specialty

Follow-up necessary?

☐ No ☒ Yes

If Yes, to which specialist? (Please state reason)

Please indicate (✓) if patient needs to be/was crossed referred?

☐ No ☐ Yes

Orthopaedics

In the case of DEATH, please advise

Date

day month year

Cause of Death

Time

am/pm

To the best of my knowledge, I hereby declare that all the information given above is true and accurate.

Signature of Attending Doctor

Dato' (Dr) K. S. SIVANANTHAN D.P.M.

(MMC NO: 2011)

MBBS (Cal), F.A.M.M (Mal), FRCS (Edin)

Attending Doctor's Stamp (pool), F.I.C.S.

CONSULTANT ORTHOPAEDIC & TRAUMA SURGEON

HOSPITAL FATIMAH, IPOH

Date

FOR

WATMAN  
Y

GRIBBLES PATHOLOGY  
(MALAYSIA) SDN BHD  
149031-W

2nd Floor, Wisma Tecna  
18A, Jalan 51A/223  
46100 Petaling Jaya  
Selangor Darul Ehsan  
Malaysia

CARELINE 1300 88 0234  
FAX +603 7957 7732  
URL www.gribbles.com.my



Courier Run:

\*copy\*

Patient Details

NR 02105

IPOH

DOB : 08/05/63

IC No.

Time Col.: 12:45

Referred : 16/02/18

Sex: Female

Age: 54 Years

Your Ref. :

Doctor Details

WARD 5E

HOSPITAL FATIMAH

1 LEBOH CHEW PENG LOON

OFF JLN DATO LAU PAK KHUAN

IPOH 31400

Lab No. : 18-1291571-I

GENERAL SCREENING TEST AST-9

HAEMATOLOGY

Haemoglobin	126 g/L	(115-165)
RBC	4.92 x 10 <sup>12</sup> /L	(3.80-5.50)
PCV	0.40	(0.35-0.47)
MCV	81 fL	(78-99)
* MCH	26 pg	(27-32)
MCHC	316	(300-360)
RDW	14.7 %	(11.0-15.0)

White Cell Count	7.5 x 10 <sup>9</sup> /L	(4.0-11.0)
Neutrophils	59 %	(2.0-8.0)
Lymphocytes	27 %	(1.0-4.0)
Monocytes	8 %	(< 1.2)
Eosinophils	5 %	(< 0.8)
Basophils	1 %	(< 0.2)

Platelets	271 x 10 <sup>9</sup> /L	(150-400)
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ESR	pending mm/h
-----	--------------

Film: pending

\* PRELIMINARY REPORT:FINAL REPORT TO FOLLOW \*

Ref. by DR.DATO K S SIVANANTHAN

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Courier Run:

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Patient Details

UR: 37195

IPOH

DOB : 08/05/63

Sex: Female

IC No.:

Age: 54 Years

Time Col.: 12:45

Referred : 16/02/18

Your Ref. :

Doctor Details

WARD 5E

HOSPITAL FATIMAH

1 LEBOH CHEW PENG LOON

OFF JLN DATO LAU PAK KHUAN

IPOH 31400

Lab No. : 18-1291571

**GENERAL BIOCHEMISTRY**

**Lipids**

* Total Cholesterol	5.9	mmol/L	(< 5.2)
Triglyceride	1.07	mmol/L	(< 1.68)
HDL Cholesterol	2.01	mmol/L	(> 1.03)
* LDL Cholesterol	3.40	mmol/L	(< 2.58)

Total Cholesterol/HDL ratio 2.9 (< 5.0)

**Electrolytes**

Sodium	139	mmol/L	(135-145)
Potassium	4.3	mmol/L	(3.5-5.1)
Chloride	106	mmol/L	(95-110)

**Renal Function**

Urea	5.5	mmol/L	(2.5-8.5)
Creatinine	46	umol/L	(40-80)
eGFR	109	mL/min/1.73m <sup>2</sup>	
Uric Acid	0.30	mmol/L	(0.15-0.45)
Calcium	2.37	mmol/L	(2.10-2.55)
Corrected Calcium	2.29	mmol/L	(2.10-2.55)
Phosphate	1.20	mmol/L	(0.65-1.45)

An eGFR (CKD-EPI) - Stage 1 (  $\geq 90$  mL/min/1.73m<sup>2</sup> )

NOTE: eGFR is NOT VALID for pregnant women, dialysis patients and/or teenager under 18 years of age.

Reference: Am J Kidney Dis. 2014; 63(5): 713 - 735

Effective 16/11/2016 - CKD-EPI reporting.

**Liver Function**

Total Protein	73	g/L	(60-82)
Albumin	42	g/L	(35-50)
Globulin	31	g/L	(20-39)
Albumin/Globulin ratio	1.4		(1.0-2.5)
Alkaline Phosphatase	120	U/L	(30-120)
Total Bilirubin	7	umol/L	(< 21)
GGT	24	U/L	(< 51)

Ref. by DR. DATO K S SIVANANTHAN

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At: 15:07

Run#: 16650

Page#: 3

GRIBBLES PATHOLOGY  
(MALAYSIA) SDN BHD  
149031-W

2nd Floor, Wisma Tecna  
18A, Jalan 51A/223  
46100 Petaling Jaya  
Selangor Darul Ehsan  
Malaysia

CARELINE 1300 88 0234  
FAX +603 7957 7732  
URL www.gribbles.com.my



Courier Run:

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Patient Details

UR: 37195

IPOH

DOB : 08/05/63

IC No.:

Time Col.: 12:45

Referred : 16/02/18

Sex: Female

Age: 54 Years

Your Ref. :

AST

ALT

21

19

U/L

U/L

Doctor Details

WARD 5E

HOSPITAL FATIMAH

1 LEBOH CHEW PENG LOON

OFF JLN DATO LAU PAK KHUAN

IPOH 31400

Lab No. : 18-1291571

(< 41)

(< 51)

Ref. by DR.DATO K S SIVANANTHAN

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Page#: 4



MS ISO 15189  
MEDICAL TESTING  
SAMM NO 319



MS ISO 15189  
MEDICAL TESTING  
SAMM NO 791

The Main Laboratory and Ipoh Laboratory are  
SAMM Accredited

Gribbles medical laboratories in Malaysia are set up to meet international quality standards. With major laboratories operating in Australia, Malaysia, New Zealand and Singapore, Gribbles laboratories provide a standard of care to meet the needs of the most discerning patients and doctors. When your health matters.



54 Years

Female

Rate 63 . Sinus rhythm  
PR 170 . Borderline left axis deviation

QRS 93  
QT 418  
QTc 428

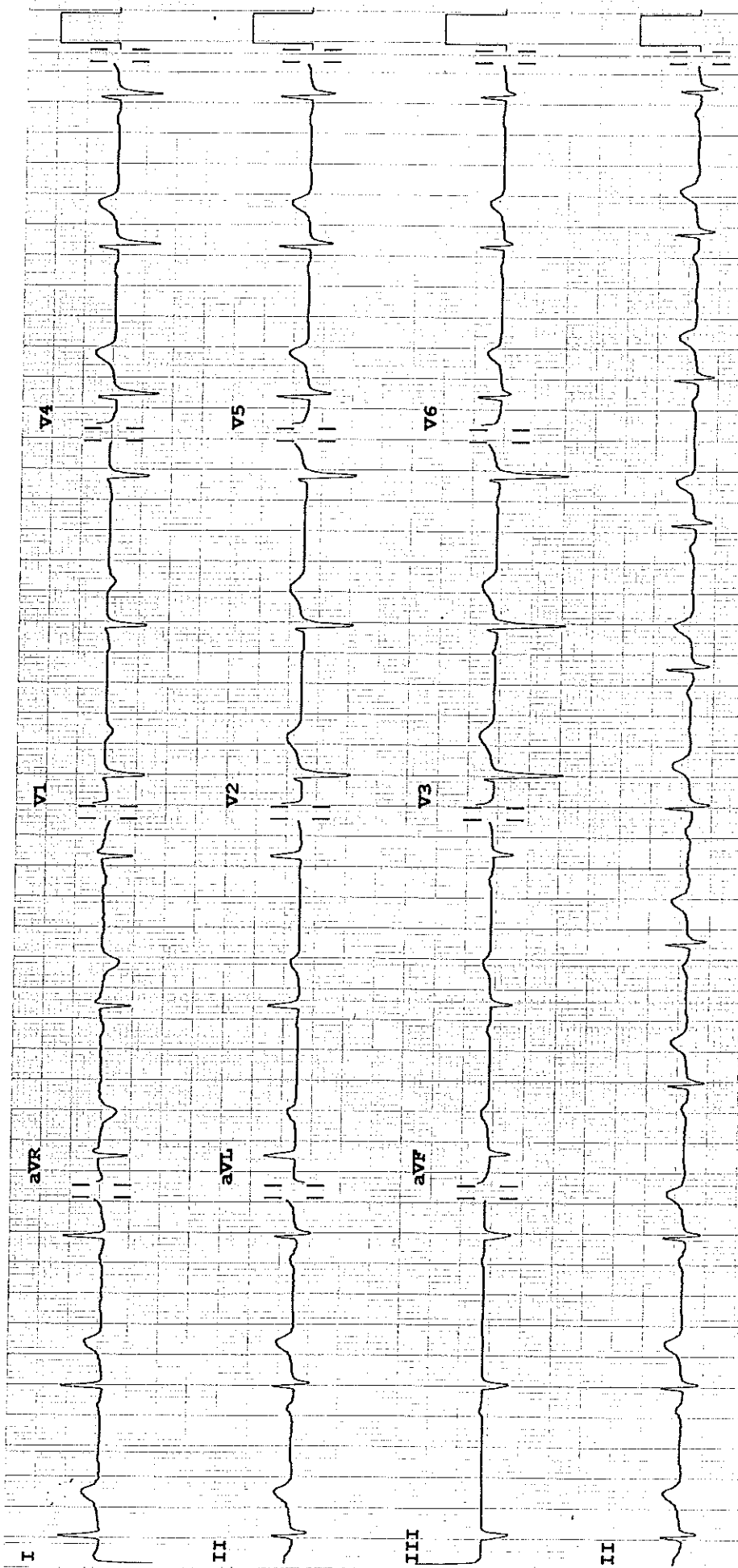
--AXIS--

P 51  
QRS -22  
T 30

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W PH100B

P?

PHILIPS

REORDER # M24R3A