

**BACKTOHEALTH (M) SDN BHD** (509053-M)

Ampwalk Suite, 2.07A, Second Floor,
218, Jalan Ampang, 50450, Kuala Lumpur.

Tel : 03-2166 2195 Fax : 03-2171 2195

Email : dbc.ampang@dbcsam.com Website : www.dbcsam.com

2020 021210471892.

Invoice To:

PMCARE SDN BHD

No. 1, Jalan USJ 21/10,
UEP Subang Jaya, 47630 Selangor

INVOICE

Invoice # :	01029
Date :	20/01/2020
Page :	1 of 1
GL No :	19103113375071

Attention :

No	Description	Treatment Date	Total Price
Name			
Membership No.			
Company			
12 Weeks DBC Back Reconditioning Programme			

1	DBC BACK	18/11/2019	135.00
---	----------	------------	--------

RINGGIT MALAYSIA : ONE HUNDRED AND THIRTY FIVE ONLY

Total : **135.00**

Please make a cheque/TT Payment favour of :

BACKTOHEALTH (M) SDN BHD

Account No : 8000663248

Bank : CIMB Berhad

Branch : Taman Tun Dr Ismail

SWIFT CODE : CIBBMYKL

BACKTOHEALTH (M) SDN BHD



FORM MM201 (Part II)



GL Serial No. : 19103113375071
GL Issued To : BACK TO HEALTH (M) SDN BHD

Visit Type : FOLLOW UP
Service Type : CONSULTATION
Appointment Date : 01/11/2019

Name of Patient:	NRIC:
[Redacted]	[Redacted]

THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE PROGRAM

Treatment by acupuncturist, homeopath and traditional medicine practitioner	Expenses incurred during hospitalization which are of a personal nature, e.g food, telephone, extra bed.
Contraceptive treatment such as taking family planning pills, IUD, sterilization	Treatment of cosmetic nature
Infertility treatment	Abortion and venereal disease treatment
Aids for correction of eyesight and hearing	Treatment arising from intentional or self-inflicted injuries

REASON FOR REFERRAL (Based on Referral/Previous Notes)

OTHER SPECIFIED ARTHRITIS : FOR PHYSIO VALID FROM 01/11/2019 UNTIL 30/11/2019 (MULTIPLE VISIT)

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Final Diagnosis

ICD10 coding, if available

Since when condition deemed to have started

Major Procedure(s) - if any

Please indicate ☒ if this illness or treatment is/are

☐
☐
☐

Pregnancy-related
Infertility-related
Congenital

☐
☐
☐

Chronic
Cosmetic
Work-related

☐
☐

Psychological
MVA-related

Follow-up necessary?

Please indicate ☒ if patient needs to be/was crossed referred?

☐
☐

No
No

☐
☐

Yes
Yes

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

☐ N/A = Applicable

☐ FU = Follow Up

☐ FV = First Visit

Signature of Attending Specialist

DBC Asia Healthcare Sdn Bhd
Company No: 1015309-U
Suite 2.11, 2nd Floor, AmpWalk
218 Jalan Ampang,
50450 Kuala Lumpur.
Medical Facility Stamp

Note: Once stable, please refer the patient back to the referring doctor or his/her regular GP with appropriate advise.

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