

Cycle Invoice [Summary]

Page 1 of 1

Bill to : PMCARE SDN BHD
Address : 1 USJ 21/10
UEP SUBANG JAYA
47630 PETALING JAYA
SELANGOR
MALAYSIA.

Invoice No : IPIVU-000087482
Date and Time : 11/01/2020 02:18:43 PM
Patient Name :
MRN : TMC0034740
Visit ID : IP0160018
NIRC No :
Doctor : Dr Dennis Khoo Yeap Teng
Visit Date and Time :
Admission Date and Time : 11/01/2020 10:32:52 AM
Discharge Date and Time : 11/01/2020 2:03:57 PM
Credit Terms :
GL Reference No :

Service Recipient :

Date of Services	Code	Description	Qty	Amount (RM)	Discount (RM)	Nett Amount (RM)	Ins/Corp Portion (RM)	Patient Portion (RM)
Doctor Consultation / Procedure Fees - Collection On Behalf								
		Dr Dennis Khoo Yeap Teng - Doctor Consultation	2.00	509.00	0.00	509.00	509.00	0.00
		Dr Dennis Khoo Yeap Teng - Doctor Fees	7.00	2,130.00	0.00	2,130.00	2,130.00	0.00
Total Doctor Charges				2,639.00	0.00	2,639.00	2,639.00	0.00
Hospital Services								
		Daycare Bed	1.00	60.00	0.00	60.00	60.00	0.00
		Administration Fees	1.00	45.00	0.00	45.00	45.00	0.00
		Endoscopy	4.00	980.00	49.00	931.00	931.00	0.00
		Endoscopy Others	3.00	100.00	5.00	95.00	95.00	0.00
		Equipment Rental	1.00	45.00	2.25	42.75	42.75	0.00
		Lab Profiles	1.00	190.00	9.50	180.50	180.50	0.00
		Lab-Histopathology - <i>Not Ready yet</i>	1.00	187.00	9.35	177.65	177.65	0.00
		Medical Consumable	16.00	353.51	17.70	335.81	335.81	0.00
		Medical Gas	1.00	15.00	0.75	14.25	14.25	0.00
		Nursing Charges	1.00	150.00	7.50	142.50	142.50	0.00
		Nursing Procedure	3.00	7.40	0.37	7.03	7.03	0.00
		Others	20.00	30.00	1.50	28.50	28.50	0.00
		Pharmacy Supplies	153.00	788.50	39.44	749.06	749.06	0.00
Total Hospital Charges				2,951.41	142.36	2,809.05	2,809.05	0.00
Grand Total				5,590.41	142.36	5,448.05	5,448.05	0.00

Total Invoice Amount : 5,448.05

Total Panel Amount : 5,448.05

Rounding Panel Amount : 0.00

After Rounding Panel Amount : 5,448.05

Total Self Pay Amount : 0.00

Rounding Self Pay Amount : 0.00

After Rounding Self Pay Amount : 0.00

**"Goods sold are not returnable/exchangeable.
Kindly check all the items before leaving the counter."**

Print Date/Time : 11/01/2020 2:35:58 PM

Printed by : Shaik Ismail Bin Sahubar Ali

Payment by cheque / money order/ bank draft should be crossed "Account Payee Only" and made payable to
"THOMSON HOSPITALS SDN BHD" and is only applicable to Corporate Account Only

Cycle Invoice [Details]

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Doctor Consultation / Procedure Fees - Collection On Behalf								
Dr Dennis Khoo Yeap Teng - Doctor Consultation								
11/01/2020	CON0130	Dr Dennis Khoo Yeap Teng - 1st Consultation-Complex (after stipulated clinic hours)	1.00	352.00	0.00	352.00	352.00	0.00
11/01/2020	CON0630	Dr Dennis Khoo Yeap Teng - Follow-up Consultation-Complex (after stipulated clinic hours)	1.00	157.00	0.00	157.00	157.00	0.00
SubTotal						509.00	509.00	0.00
Dr Dennis Khoo Yeap Teng - Doctor Fees								
11/01/2020	GE903	Dr Dennis Khoo Yeap Teng - Brannula Insertion	1.00	65.00	0.00	65.00	65.00	0.00
11/01/2020	AN003	Dr Dennis Khoo Yeap Teng - Venupuncture Sur\Doc Fee	1.00	65.00	0.00	65.00	65.00	0.00
11/01/2020	RS029	Dr Dennis Khoo Yeap Teng - *Continuous pulse oximetry	1.00	50.00	0.00	50.00	50.00	0.00
11/01/2020	EL002	Dr Dennis Khoo Yeap Teng - Diagnostic oesophago-gastro-duodenoscopy including biopsy Sur\Doc Fee	1.00	405.00	0.00	405.00	405.00	0.00
11/01/2020	EL019	Dr Dennis Khoo Yeap Teng - Colonic polypectomy Sur\Doc Fee	1.00	1340.00	0.00	1,340.00	1,340.00	0.00
11/01/2020	AN9000	Dr Dennis Khoo Yeap Teng - 20% Local Anaesthesia	1.00	125.00	0.00	125.00	125.00	0.00
11/01/2020	GE025	Dr Dennis Khoo Yeap Teng - Electrocardiogram (ECG) with report Sur\Doc Fee	1.00	80.00	0.00	80.00	80.00	0.00
SubTotal						2,130.00	2,130.00	0.00
Total Doctor Charges				2,639.00	0.00	2,639.00	2,639.00	0.00
Hospital Services								
Daycare Bed								
11/01/2020	BC15	Daycare	1.00	60.00	0.00	60.00	60.00	0.00

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Patient Name
Invoice No : IPIVU-000087482

MRN : TMC0034740
Visit No : IP0160018

Date of Services	Code	Description	Qty	Amount (RM)	Discount (RM)	Nett Amount (RM)	Ins/Corp Portion (RM)	Patient Portion (RM)
Hospital Services								
		SubTotal				60.00	60.00	0.00
Administration Fees								
11/01/2020	MR3000	Admission Medical Record Charges	1.00	45.00	0.00	45.00	45.00	0.00
		SubTotal				45.00	45.00	0.00
Endoscopy								
11/01/2020	END1224	Monitor (Endoscopy)	1.00	50.00	2.50	47.50	47.50	0.00
11/01/2020	END1225	Endoscopy Scopes	1.00	100.00	5.00	95.00	95.00	0.00
11/01/2020	END1001	OGDS w/Biopsy	1.00	380.00	19.00	361.00	361.00	0.00
11/01/2020	END1010	Colonoscopy	1.00	450.00	22.50	427.50	427.50	0.00
		SubTotal				931.00	931.00	0.00
Endoscopy Others								
11/01/2020	END9002	EMS Endoscopy Report	2.00	60.00	3.00	57.00	57.00	0.00
11/01/2020	END9004	Endoscopy Recovery Charges	1.00	40.00	2.00	38.00	38.00	0.00
		SubTotal				95.00	95.00	0.00
Equipment Rental								
11/01/2020	EQU1000	12 Lead ECG	1.00	45.00	2.25	42.75	42.75	0.00
		SubTotal				42.75	42.75	0.00
Lab Profiles								
11/01/2020	LAB8011	General Screening Profile 1 (GS1)	1.00	190.00	9.50	180.50	180.50	0.00
		SubTotal				180.50	180.50	0.00
Lab-Histopathology								
11/01/2020	LAB5012	Small Specimens - Not Ready yet	1.00	187.00	9.35	177.65	177.65	0.00
		SubTotal				177.65	177.65	0.00

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Date of Services	Code	Description	Qty	Amount (RM)	Discount (RM)	Nett Amount (RM)	Ins/Corp Portion (RM)	Patient Portion (RM)
Hospital Services								
Medical Consumable								
11/01/2020	MMD990052	BD PosiFlush 5ml Syringe (306574)	1.00	8.30	0.42	7.88	7.88	0.00
11/01/2020	MMD030020	(S/O) Syringe 50ml Luer (4616502F)	1.00	8.00	0.40	7.60	7.60	0.00
11/01/2020	MMD140228	(S/O) Conmed Blue Bullet Dual Ended Cleaning Brush, 13mm*5mm Channel 2.0mm, 240cm (MD-B-BR-2306)	1.00	36.80	1.84	34.96	34.96	0.00
11/01/2020	MAN030001	Nasal Cannula Adult	1.00	6.20	0.31	5.89	5.89	0.00
11/01/2020	MMD140249	(S/O) Large Adult Latex-Free Bite Block, 20x27mm (001429)	1.00	25.70	1.29	24.41	24.41	0.00
11/01/2020	MMD220004	Disposable Underpads 60*90cm	1.00	4.40	0.22	4.18	4.18	0.00
11/01/2020	MMD140228	(S/O) Conmed Blue Bullet Dual Ended Cleaning Brush, 13mm*5mm Channel 2.0mm, 240cm (MD-B-BR-2306)	1.00	36.80	1.84	34.96	34.96	0.00
11/01/2020	MMD220003	Disposable Underpads 45*70cm	1.00	1.50	0.08	1.42	1.42	0.00
11/01/2020	MMD200058	(S/O) CPE Gown - 4-600	1.00	10.00	0.50	9.50	9.50	0.00
11/01/2020	MMD050169	Tegaderm 6.5*7cm 2-WD -1683	1.00	7.60	0.38	7.22	7.22	0.00
11/01/2020	MAN030011	Vasofix IV G22*25mm Cannula (Blue) (4268091B)	1.00	9.20	0.46	8.74	8.74	0.00
11/01/2020	MMD300366	(S/O) Radial Jaw 4 Std Capacity 240cm Biopsy Forcep (M00513401)	1.00	114.00	5.70	108.30	108.30	0.00
11/01/2020	MCT040017	Suction Connecting Tube 200cm	1.00	14.00	0.70	13.30	13.30	0.00
11/01/2020	IV0060	Sterile Water for Irrigation 1000ml (E30277)	1.00	14.30	0.72	13.58	13.58	0.00
11/01/2020	MMD140060	(S/O) Pronto Dry	1.00	37.41	1.87	35.54	35.54	0.00
11/01/2020	MMD140229	DISPOSABLE PATIENT OT GOWN (PTG 67A/PD)	1.00	19.30	0.97	18.33	18.33	0.00
SubTotal						335.81	335.81	0.00
Medical Gas								
11/01/2020	GAS0110	Oxygen	1.00	15.00	0.75	14.25	14.25	0.00
SubTotal						14.25	14.25	0.00
Nursing Charges								
11/01/2020	NUR	Nursing Charges	1.00	150.00	7.50	142.50	142.50	0.00
SubTotal						142.50	142.50	0.00
Nursing Procedure								
11/01/2020	NPRO0900	Green Gauze (x10 pcs)	1.00	5.00	0.25	4.75	4.75	0.00
11/01/2020	NPRO064	Disposable PVC Apron	2.00	2.40	0.12	2.28	2.28	0.00
SubTotal						7.03	7.03	0.00
Others								
11/01/2020	MIS0046	Latex Glove (per piece)	20.00	30.00	1.50	28.50	28.50	0.00
SubTotal						28.50	28.50	0.00

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Hospital Services								
Pharmacy Supplies								
11/01/2020	MISCPH06	Xylocaine Spray/Use	1.00	5.00	0.25	4.75	4.75	0.00
11/01/2020	PH300004	Water for Injection 10ml	2.00	4.00	0.20	3.80	3.80	0.00
11/01/2020	PH040173	Dormicum Inj 5mg/1ml (Midazolam)	1.00	56.30	2.82	53.48	53.48	0.00
11/01/2020	PH050076	Fentanyl Inj 100mcg/2ml	1.00	17.70	0.89	16.81	16.81	0.00
11/01/2020	PH351135	Vocinti Tab 20mg (Vonoprazan)	28.00	336.00	16.80	319.20	319.20	0.00
11/01/2020	PH351069	Betamox Cap 500mg (Amoxycillin)	56.00	28.00	1.40	26.60	26.60	0.00
11/01/2020	PH350795	Levostal Tab 250mg (Levofloxacin)	28.00	72.80	3.64	69.16	69.16	0.00
11/01/2020	PH351135	Vocinti Tab 20mg (Vonoprazan)	14.00	168.00	8.40	159.60	159.60	0.00
11/01/2020	PH010119	Metoclopramide Tab 10mg	20.00	10.00	0.50	9.50	9.50	0.00
11/01/2020	PH010012	Gaviscon Advance Liq 150ml (Sod. Alginate + Pot. Bicarbonate)	2.00	90.70	4.54	86.16	86.16	0.00
SubTotal						749.06	749.06	0.00
Total Hospital Charges				2,951.41	142.36	2,809.05	2,809.05	0.00
Grand Total				5,448.05	142.36	5,448.05	5,448.05	0.00

Total Invoice Amount : 5,448.05

Total Panel Amount : 5,448.05

Rounding Panel Amount : 0.00

After Rounding Panel Amount : 5,448.05

Total Self Pay Amount : 0.00

Rounding Self Pay Amount : 0.00

After Rounding Self Pay Amount : 0.00

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**FORM MM201 (Part I)**

CRD
 GL Serial No. : 20010909583269
 Previous GL Serial No. : 20010909583269
 Date/Time of Issuance : 09/01/2020 09:58:32.596
 Attention : DR DENNIS KHOO YEAP TENG
 To : THOMSON HOSPITAL KOTA DAMANSARA

TRANSMISSION

Sp/Hosp. Fax No. : 0362871017
 Other Fax No. : 0362871111
 By Hand/Courier/Mail
 Visit Type : NOT APPLICABLE
 Service Type : ADMISSION
 Appointment Date : 11/01/2020

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

i) To be utilized until 22/01/2020

ii) For one (1) Inpatient admission not exceeding five (5) days.

iii) For extension of admission, a new GL must be obtained upon expiry of five (5) 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	SBR
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)

ULCERATIVE COLITIS, UNSPECIFIED ; FOR DAYCARE

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 medical report and/or information to PMCare Sdn Bhd and my Employer, and/or for claims processing, adjudication, payment, and reporting.

Name :
 NRIC No. :

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



Patient Name	Admission/ Appointment Date		11/01/2020	Time	_____am/pm
NRIC No.	Discharge Date			Time	_____am/pm
Membership No.	Visit Type		NOT APPLICABLE		
Service Type	Patient Telephone No.				
SPECIALIST/CONSULTANT DISCHARGE NOTES					
Primary Diagnosis					
Primary diagnosis	ULCERATIVE COLITIS, UNSPECIFIED ; FOR DAYCARE				
	ICD10 coding, if available				
Etiology of the above diagnosis	<i>inflamm</i>				
Presenting symptoms at time of admission	<i>abdo pain</i>				
When was the date patient sought your consultation for this condition?	<i>8/1/20</i>				
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?	<i>1/1/20</i>				
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	Date of accident	_____ day _____ month _____ year	
			Time of accident	_____ am/pm	
	Chronic	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Cosmetic	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Pregnancy related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Fertility related	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Work related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Congenital	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Psychological related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Secondary Diagnosis					
Diagnosis other than primary	<i>H. pylori gastritis</i> <i>662 ptypl</i> <i>66240</i>				
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Malignancy of any kind	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Diabetes	<input checked="" 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	<input checked="" type="checkbox"/> Blood Test <input type="checkbox"/> Dietary Counseling <input type="checkbox"/> Medical <input type="checkbox"/> Operation <input type="checkbox"/> Physiotherapy <input type="checkbox"/> X-ray <input type="checkbox"/> Others, Please specify : <u>ECG</u>			
	Medication dispensed <u>Levosital</u> <u>Anaglyte</u> <u>Uromi</u>			
Please state procedures, investigation and operations performed	Type of Operation/Procedure/Investigation	Date and Time Performed		Performed by
	<u>Opd</u> <u>Colon c</u> <u>prospect</u>	<u>1100n</u> <u>11/1/20</u>		<u>DR DENNIS KHOO YEAP TENG</u> <u>MBBS (MALAYA), MRCP (UK), MRCP (SINGAPORE), FRCGS (UK), FRCGS (MALAYSIA)</u> <u>Fellowship in Gastroenterology and Hepatology (MOH)</u> <u>CONSULTANT PHYSICIAN, GASTROENTEROLOGIST & HEPATOLOGIST</u>
Referred Doctors & Specialty	Name of Doctor	Specialty		
	Name of Doctor	Specialty		
	Name of Doctor	Specialty		
Follow up Treatment				
Follow-up necessary?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If Yes, to which specialist? (Please state reason)		
Please indicate (✓) if patient needs to be/was crossed referred?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Attending Doctor				
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		Attending Doctor's Stamp		Date
<u>DR DENNIS KHOO YEAP TENG</u> <u>MBBS (MALAYA), MRCP (UK), MRCP (SINGAPORE), FRCGS (UK), FRCGS (MALAYSIA)</u> <u>Fellowship in Gastroenterology and Hepatology (MOH)</u> <u>CONSULTANT PHYSICIAN, GASTROENTEROLOGIST & HEPATOLOGIST</u>		<u>11/1/20</u>		<u>11/1/20</u>



THOMSON HOSPITAL

KOTA DAMANSARA

Name

MRN
IC/PP
DOB
Age / Ger
Admissic
Admissic
W/B

PRESCRIPTION FORM

PATIENT ALLERGY:

Penicillin
Penicillin
? penicillin
amoxicillin
Att.

DISCHARGE

TTH

Yes ☐

No ☐

REFUND
MEDICATION

Yes ☐

No ☐

NO.	MEDICATIONS	DOSAGE / DURATION	REMARK
	Amoxicillin 250mg b.i.d.	2/5	
	Amoxicillin 1g b.i.d.	2/5	
	Amoxicillin 500mg b.i.d.	2/5	

PRESCRIBED BY DOCTOR NAME:

[Signature]

PERSONNEL INCHARGE	NAME	DATE	TIME	EMPLOYEE NUMBER / SIGNATURE
PREPARED BY PHARMACY				
CHECKED BY PHARMACY				
DISPENSED BY PHARMACY				

42 Years
Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

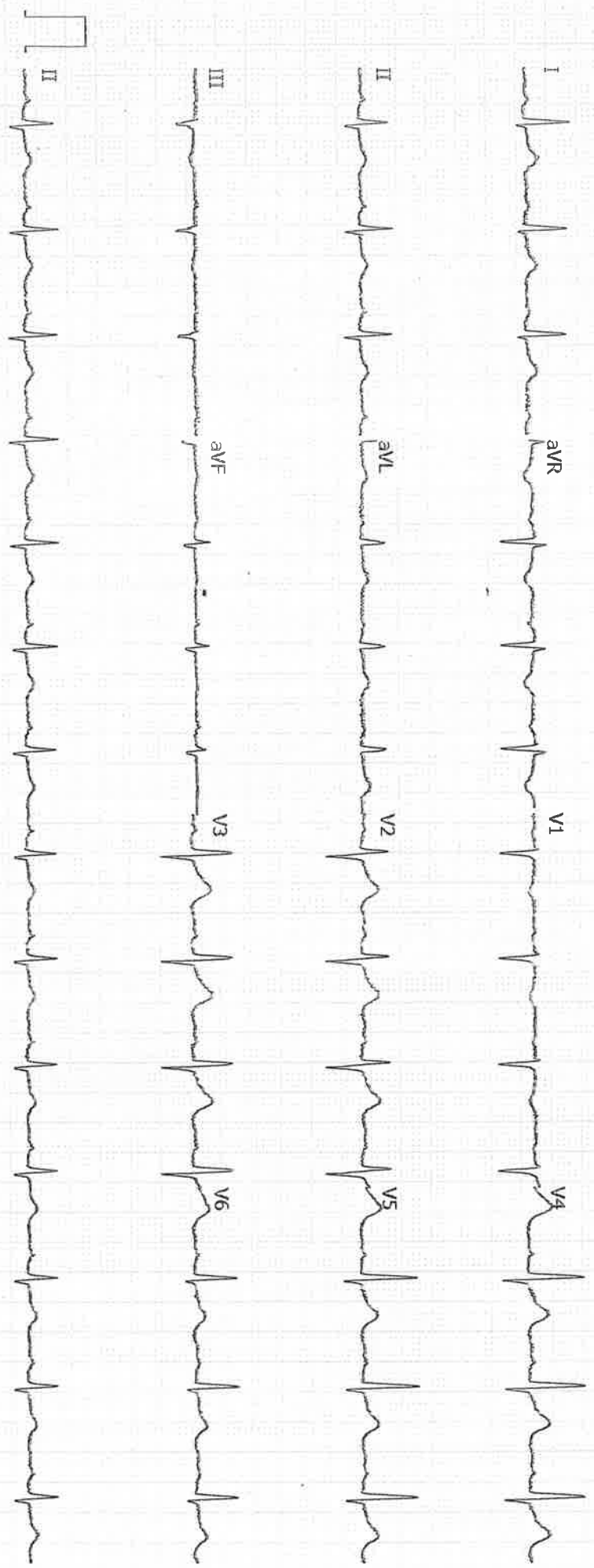
QRS : 82 ms
QT / QTcBaz : 386 / 459 ms
PR : 158 ms
P : 88 ms
RR / PP : 706 / 705 ms
P / QRS / T : 33 / 0 / 9 degrees

Normal sinus rhythm
Normal ECG

Name
MRN
IC/PP
DOB
Age / Gender
Admission Nc
Admission Da
W/B

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

85 bpm
-- / -- mmHg



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-150 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

Colonoscopy

Patient Name :
Age/Gender : 42Yrs, Female

Procedure Date : 11/01/2020

MRN : TMC0034740 DOB : 01/05/1977

Indications :

Assisting Nurses :

Medications used :

Midazolam : 5 mg/IV

Pethidine : mg/IV

Fentanyl: 100 mcg IV

Anaesthetist :

Anaesthesia :

Referral Doctor :

Instrument :

BF-H190 2723908

Bowel Prep Medication :

Fortrans

Bowel Prep :

Good

Consent :

Informed consent was obtained with the benefits, risk and alternatives for the procedure explained

Findings

Anal Canal : Normal

Rectum : DIMINUTIVE FLAT POLYPS

Sigmoid Colon : DIMINUTIVE FLAT POLYPS, MILD INFECTIVE SIGMOID COLITIS

Descending Colon : Normal

Splenic Flexure : Normal

Transverse Colon : Normal

Hepatic Flexure : Normal

Ascending Colon : Normal

Caecum : Normal

Ileocecal Valve : Normal

Terminal Ileum : Normal

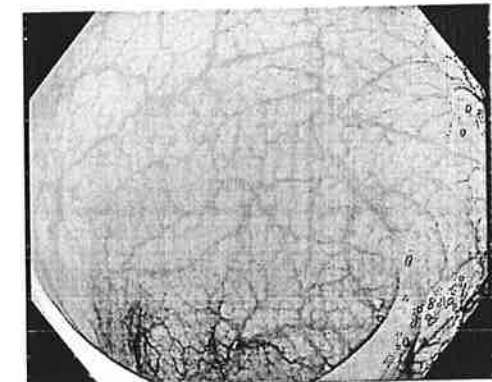
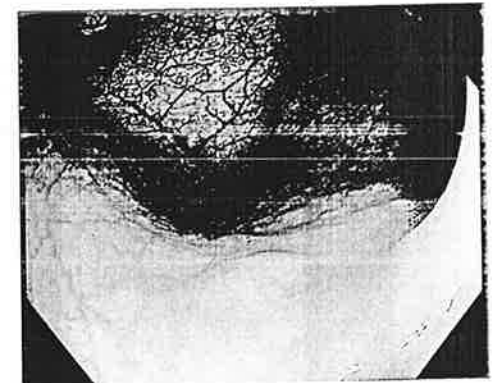
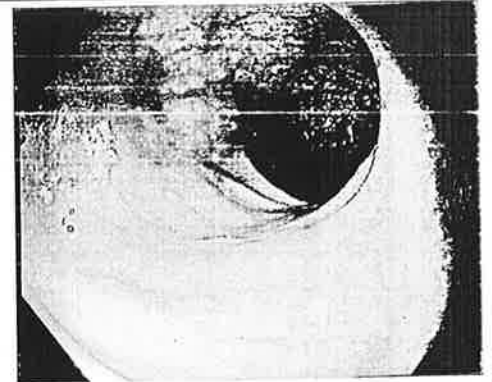
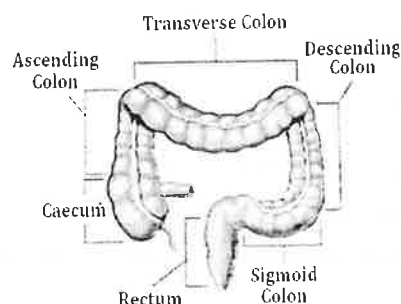
Diagnosis :

DIMINUTIVE FLAT POLYPS, MILD
INFECTIVE SIGMOID COLITIS

Procedures :

Polypectomy, cold forcep

Post Endoscopy Plan :



LABORATORY REPORT
Patient Name
Lab No : 202667182

Location : DAYCARE

Age / Gender : 42 Year(s) / Female

Received : 11/01/2020 12:37 PM

Consultant : Dr Dennis Khoo Yeap Teng

NRIC/Passport
Reported :

MRN : TMC0034740

Printed : 11/01/2020 02:20 PM

Test Name		Result	Unit	Reference Range
Blood Bank				
Blood Group (ABO & Rhesus)	血型	A Rh (D) Positive		
Haematology				
Full Blood Count				
Haemoglobin	血色素	12.6	g/dL	11.5 - 15.0
Red Blood Cell	紅血球計數	4.15	$\times 10^6/\mu\text{L}$	3.80 - 5.20
Mean Corpuscular Volume	平均紅血球容積	95.2	fL	80.0 - 98.0
Haematocrit	血比容積	39.5	%	35.0 - 45.0
Mean Corpuscular Haemoglobin	平均紅血球血色素	30.4	pg	27.0 - 32.0
Mean Corpuscular Haemoglobin Concentration	平均紅血球血色素浓度	L 31.9	g/dL	32.0 - 35.0
Red Cell Distribution Width CV	紅血球分佈寬度	13.3	%	12.0 - 15.0
Total White Blood Cell	白血球計數	10.11	$\times 10^3/\mu\text{L}$	4.00 - 11.00
Neutrophil %	中性球比例	52	%	40 - 75
Lymphocyte %	淋巴球比例	38	%	20 - 45
Monocyte %	单核球比例	6	%	2 - 10
Eosinophils %	嗜酸性球比例	3	%	1 - 7
Basophil %	嗜硷性球比例	1	%	0 - 2
Neutrophil Count	中性球計數	5.3	$\times 10^3/\mu\text{L}$	2.0 - 7.0
Lymphocyte Count	淋巴球計數	3.9	$\times 10^3/\mu\text{L}$	1.8 - 4.5
Monocyte Count	单核球計數	0.62	$\times 10^3/\mu\text{L}$	0.40 - 1.00
Eosinophils Count	嗜酸性球計數	0.33	$\times 10^3/\mu\text{L}$	0.00 - 0.70
Basophils Count	嗜硷性球計數	0.05	$\times 10^3/\mu\text{L}$	0.00 - 0.10
Platelet	血小板計數	365	$\times 10^3/\mu\text{L}$	150 - 400
Erythrocyte Sedimentation Rate (ESR)	紅血球沉降率	H 28	mm/hr	< 20

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Test Name		Result	Unit	Reference Range
Biochemistry				
Renal Function Test A				
Sodium	鈉	138	mmol/L	136 - 145
Potassium	鉀	3.8	mmol/L	3.5 - 5.1
Chloride	氯	106	mmol/L	98 - 107
Urea	尿素	3.0	mmol/L	2.5 - 6.7
Uric Acid	尿酸	329	umol/L	150 - 350
Creatinine	肌酸酐	60	umol/L	50 - 98
eGFR	腎絲球過濾率	108	ml/min/1.73m2	> 60
Phosphate	磷	1.17	mmol/L	0.74 - 1.52
Calcium	鈣	2.25	mmol/L	2.10 - 2.55
Corrected Calcium	矯正后鈣值	2.17	mmol/L	2.10 - 2.55
Liver Function Test 1				
Albumin	白蛋白	44	g/L	35 - 52
Total Protein	血中總蛋白量	72	g/L	64 - 83
Globulin	球蛋白	28	g/L	23 - 34
A/G Ratio	白蛋白/球蛋白比值	1.6		1.1 - 2.1
Bilirubin (Total)	總膽色素	20.0	umol/L	3.4 - 20.5
Alkaline Phosphatase (ALP)	鹼性磷酸酶(ALP肝功能)	47	U/L	40 - 150
Gamma Glutamyl Transferase (GGT)	麩胺酸轉胺酶(GGT肝功能)	H 47	U/L	9 - 36
Aspartate Transaminase (AST)	天門冬胺酸轉胺酶(AST肝功能)	23	U/L	5 - 34
Alanine Transaminase (ALT)	丙胺酸轉胺酶(ALT肝功能)	27	U/L	0 - 55

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Test Name		Result	Unit	Reference Range
Lipid Profile				
Cholesterol (Total)	總膽固醇	H 5.48	mmol/L	< 5.20
Triglycerides	三酸甘油脂	1.27	mmol/L	< 1.70
HDL Cholesterol	高密度脂蛋白膽固醇	1.04	mmol/L	> 1.03
LDL Cholesterol	低密度脂蛋白膽固醇	H 3.86	mmol/L	< 2.59
Total Cholesterol/HDL Ratio	總膽固醇 / 高密度脂蛋白比例	H 5.27		< 5.00

Classification accordingly to NCEP ATP-III (only applicable to adult more than 18 year old)

Cholesterol (Total)	< 5.20	Desirable
	5.20 - 6.19	Borderline
	> 6.19	High Risk
Triglycerides	< 1.70	Normal
	1.70 - 2.25	Borderline
	2.26 - 5.64	High
	5.64	Very High
HDL Cholesterol	> 1.03	Normal
LDL Cholesterol	< 2.59	Optimal
	2.59 - 3.34	Near Optimal
	3.35 - 4.11	Borderline
	4.12 - 4.89	High
	> 4.89	Very High

Glucose	血糖	4.9	mmol/L	Fasting: 3.9 - 5.8 Random: 3.5 to 7.7
Rheumatoid Factor (RF)	類風濕性因子	< 20.0	IU/mL	< 30.0