COLUMBIA ASIA

COLUMBIA ASIA SDN.BHD.(388359-P)
COLUMBIA ASIA HOSPITAL PUCHONG
(Wholly Owned by Columbia Asia Sdn Bhd.)
NO.1 LEBUH PUTERI
BANDAR PUTERI

PUCHONG 47100
SELANGOR
GST ID No :001965957120
Tel No : 603-80648688 Fax No : 603-80648605

PT Discharge - 18 pages -

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No . : 000149835776

Debtor Address: NO. 1 JALAN USJ 21/10, UEP, , , SUBANG JAYA, 47630, SELANGOR, MALAYSIA

GL No.: 17123111393365
Co.Guarantor:

Bill No. :	**IPC-70513**
Bill Date/Time :	01/01/2018 10:27:17 AM
Cashier Name :	NOR.Z
Debtor Code :	PMCARE
Credit Term :	120 Day(s)
Admit/Visit Date/Time :	30/12/2017 04:48:00 PM
Discharge Date/Time :	01/01/2018 09:54:00 AM
Ward/Rm/Bed/Type :	MULTI DISCIPLINE 1/P72/2 BEDDED/P72-B
Charge Type :	InPatient

P

MRN: PUCH-0000186075 A0000000002-PUCH

Admitting /Primary Doctor : PRIYA SATHISH CHANDRAN

	Description	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES							
	ADMIN CHARGES						
		6.00	0.00		0.36	6.36	
							6.36
	EQUIPMENT CHARGES						
		109.25	0.00		0.00	109.25	
							109.25
	IMAGING						
		109.15	0.00		0.00	109.15	
							109.15
	LABORATORY						
		1,211.35	0.00		0.00	1,211.35	
							1,211.35
	MEDICAL SUPPLIES						
		104.74	0.00		0.00	104.74	
							104.74
	MEDICAL SUPPLIES MULTIPLE USE						
		102.44	0.00		0.00	102.44	
							102.44
	MISCELLANEOUS						
		20.00	0.00		0.00	20.00	
							20.00

COLUMBIA ASIA

	NURSING					
		220.00	0.00	0.00	220.00	
						220.00
	PHARMACY					
		750.07	0.00	0.00	750.07	
						750.07
	ROOM CHARGES					
		216.00	0.00	0.00	216.00	
						216.00
NON INDEPENDENT DOCTOR CHARGES						
	MO CONSULTATION					
Doctor Name :	AIZA ABU BAKAR	31.50	0.00	0.00	31.50	
						31.50
	MO PROCEDURES					
Doctor Name :	AIZA ABU BAKAR	45.00	0.00	0.00	45.00	
						45.00

DOCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor

	IMAGING REPORTING FEE		
Doctor Name :	NG CHIEW YEAN (GST ID No : 001655689216)	14.31	
			14.31
	SPECIALIST CONSULTATION		
Doctor Name :	PRIYA SATHISH CHANDRAN (GST ID No : 000018509824)	637.27	
			637.27

Total Amount :	**3,540.20**
Total Discounted	**0.00**
Total GST @ 6% Amount:	**37.24**
Total Payable Amount :	**3,577.44**
Rounded Off Value :	**3,577.45**

Doc. Amount	**Allocated Amount**
LESS Total Credit Note :	**0.00**
	3,577.45
ADD Total Debit note :	**0.00**
	3,577.45
LESS Payment :	**0.00**
Balance Payable / (Refundable) :	**3,577.45**

All cheque payment should be made to COLUMBIA ASIA SDN BHD

COLUMBIA ASIA SDN BHD (636355-P)

COLUMBIA ASIA HOSPITAL PUCHONG
(Wholly Owned by Columbia Asia Sdn Bhd.)
NO.1 LEBUH PUTERI
BANDAR PUTERI

PUCHONG 47100
SELANGOR
GST ID No : 001965957120
Tel No : 603-80648688 Fax No : 603-80648605

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No . : 000149835776
Debtor Address : NO. 1 JALAN USJ 21/10, UEP, , , SUBANG JAYA, 47630, SELANGOR, MALAYSIA

GL No. : 17123111393365
Co.Guarantor :

Bill No. : IPC-70513
Bill Date/Time : 01/01/2018 10:27:17AM
Cashier Name : NOR.Z
Debtor Code : PMCARE
Credit Term : 120 Day(s)
Admit/Visit Date/Time : 30/12/2017 04:48:00PM
Discharge Date/Time : 01/01/2018 09:54:00AM
Ward/Rm/Bed/Type : MULTI DISCIPLINE 1/P72/2 BEDDED/P72-B
Charge Type : InPatient

Admitting/Primary Doctor : PRIYA SATHISH CHANDRAN

	Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES								
ADMIN CHARGES								
30/12/2017								
	ADMIN CHARGES - REGISTRATION FEE	1.00	6.00	0.00	SR6	0.36	6.36	
								6.36
EQUIPMENT CHARGES								
01/01/2018								
	PULSE OXIMETER TABLE TOP	1.00	60.95	0.00	ES0	0.00	60.95	
	TOP INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
								109.25
IMAGING								
30/12/2017								
	CHEST (SINGLE VIEW)	1.00	39.85	0.00	ES0	0.00	39.85	
	SURCHARGE X-RAY	1.00	69.30	0.00	ES0	0.00	69.30	
								109.15
LABORATORY								
30/12/2017								
	CREATININE	1.00	21.00	0.00	ES0	0.00	21.00	
	FULL BLOOD COUNT (FBC)	1.00	51.00	0.00	ES0	0.00	51.00	
	INFLUENZA A & B ANTIGEN	1.00	138.00	0.00	ES0	0.00	138.00	
	MYCOPLASMA PNEUMONIAE IGM	1.00	230.00	0.00	ES0	0.00	230.00	
	H1N1 CONFIRMATION TEST	1.00	384.00	0.00	ES0	0.00	384.00	
	RESPIRATORY VIRAL SCREENING (RVS)	1.00	306.25	0.00	ES0	0.00	306.25	
	LAB AFTER OFFICE SURCHARGE	1.00	42.00	0.00	ES0	0.00	42.00	

	BUSE	1.00	39.10	0.00	ES0	0.00	39.10
							1,211.35
MEDICAL SUPPLIES							
30/12/2017							
	IV CANNULA - INTROCAN 24G	1.00	6.40	0.00	ES0	0.00	6.40
	IV CONNECTOR - EXTENSION SET WITH T CONNECTOR	1.00	5.29	0.00	ES0	0.00	5.29
	IV CONNECTOR - SAFEFLOW VALVE (409100H)	1.00	11.28	0.00	ES0	0.00	11.28
	IV BABY BOARDS SMALL - 1.5" X 4" (APM602)	1.00	17.69	0.00	ES0	0.00	17.69
	MASK - NEBULIZER PAEDIATRIC	1.00	15.56	0.00	ES0	0.00	15.56
	BANDAGE - CREPE 2"	1.00	6.20	0.00	ES0	0.00	6.20
	BANDAGE - CREPE 2"	1.00	6.20	0.00	ES0	0.00	6.20
	DRESSING - TEGADERM IV TRANSPARENT 5 X 5.7CM	1.00	7.48	0.00	ES0	0.00	7.48
	DRESSING - TEGADERM IV TRANSPARENT 5 X 5.7CM	1.00	7.48	0.00	ES0	0.00	7.48
01/01/2018							
	BANDAGE - CREPE 2"	1.00	6.20	0.00	ES0	0.00	6.20
	DRESSING - TEGADERM IV TRANSPARENT 5 X 5.7CM	2.00	14.96	0.00	ES0	0.00	14.96
							104.74
MEDICAL SUPPLIES MULTIPLE USE							
30/12/2017							
	WARD MEDICAL SUPPLIES	1.00	42.00	0.00	ES0	0.00	42.00
	OXYGEN USAGE BELOW 5L	1.00	10.24	0.00	ES0	0.00	10.24
31/12/2017							
	WARD MEDICAL SUPPLIES	1.00	42.00	0.00	ES0	0.00	42.00
01/01/2018							
	USE OF DIGITAL THERMOMETER	1.00	3.65	0.00	ES0	0.00	3.65
	SYRINGE - LUER LOCK 5 ML	5.00	4.55	0.00	ES0	0.00	4.55
							102.44
MISCELLANEOUS							
30/12/2017							
	PHARMACY SUPPLIES	1.00	10.00	0.00	ES0	0.00	10.00
31/12/2017							
	PHARMACY SUPPLIES	1.00	10.00	0.00	ES0	0.00	10.00
							20.00
NURSING							
30/12/2017							
	NEBULISER PAEDS	1.00	22.00	0.00	ES0	0.00	22.00
	NURSING CHARGES DAILY	1.00	60.50	0.00	ES0	0.00	60.50
	NURSING OBSERVATION	1.00	16.50	0.00	ES0	0.00	16.50
	NURSING PROCEDURE	1.00	27.50	0.00	ES0	0.00	27.50
	ER OBSERVATION	1.00	16.50	0.00	ES0	0.00	16.50
31/12/2017							
	NURSING CHARGES DAILY	1.00	60.50	0.00	ES0	0.00	60.50
	NURSING OBSERVATION	1.00	16.50	0.00	ES0	0.00	16.50
							220.00
PHARMACY							
30/12/2017							
	HEPARINISED SALINE 50IU/5ML INJ (BBRAUN)	1.00	12.25	0.00	ES0	0.00	12.25
	SINGULAIR 4MG ORAL GRANULES (MONTELUKAST)	4.00	39.76	0.00	ES0	0.00	39.76
	SINGULAIR 4MG ORAL GRANULES (MONTELUKAST)	(4.00)	39.76	0.00	ES0	0.00	(39.76)
	PROSPAN SYRUP 100ML (IVY LEAF EXTRACT)	100.00	23.00	0.00	ES0	0.00	23.00
	IALUMAR BABY ISOTONIC NASAL SPRAY 100ML	1.00	67.44	0.00	ES0	0.00	67.44

	VENTOLIN 2.5MG/2.5ML NEBULES (SALBUTAMOL)	20.00	149.60	0.00	ESO	0.00	149.60
	VENTOLIN 2.5MG/2.5ML NEBULES (SALBUTAMOL)	1.00	7.48	0.00	ESO	0.00	7.48
	VENTOLIN 2.5MG/2.5ML NEBULES (SALBUTAMOL)	(15.00)	112.20	0.00	ESO	0.00	(112.20)
	PARACETAMOL 250MG/5ML SUSPENSION 60ML (AXCEL)	1.00	9.15	0.00	ESO	0.00	9.15
	CEFUROXIME 750MG INJ (CEFLOUR)	12.00	477.60	0.00	ESO	0.00	477.60
	CEFUROXIME 750MG INJ (CEFLOUR)	(6.00)	238.80	0.00	ESO	0.00	(238.80)
	NORMAL SALINE 0.9% INJ 10ML	1.00	12.25	0.00	ESO	0.00	12.25
01/01/2018							
	HEPARINISED SALINE 50IU/5ML INJ (BBRAUN)	5.00	61.25	0.00	ESO	0.00	61.25
	SINGULAIR 4MG ORAL GRANULES (MONTELUKAST)	3.00	29.82	0.00	ESO	0.00	29.82
	SINGULAIR 4MG ORAL GRANULES (MONTELUKAST)	14.00	139.16	0.00	ESO	0.00	139.16
	PROSPAN SYRUP 100ML (IVY LEAF EXTRACT)	100.00	23.00	0.00	ESO	0.00	23.00
	PARACETAMOL 250MG/5ML SUSPENSION 60ML (AXCEL)	1.00	9.15	0.00	ESO	0.00	9.15
	AUGMENTIN 228MG/5ML SYRUP 70ML (CO-AMOXICLAV)	1.00	32.60	0.00	ESO	0.00	32.60
	ENTEROGERMINA 5ML (BACILLUS CLAUSII)	7.00	47.32	0.00	ESO	0.00	47.32
							750.07

ROOM CHARGES

30/12/2017							
	ROOM CHARGES - 2 BED	1.00	108.00	0.00	ESO	0.00	108.00
31/12/2017							
	ROOM CHARGES - 2 BED	1.00	108.00	0.00	ESO	0.00	108.00
							216.00

NON INDEPENDENT DOCTOR CHARGES

MO CONSULTATION

Doctor Name : AIZA ABU BAKAR

30/12/2017							
	MO CONSULTATION - NORMAL OFFICE HOURS (8AM TO 5PM)	1.00	31.50	0.00	ESO	0.00	31.50
							31.50

MO PROCEDURES

Doctor Name : AIZA ABU BAKAR

30/12/2017							
	MO PROC WARD - GENERAL PROCEDURE	1.00	45.00	0.00	ESO	0.00	45.00
							45.00

DOCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor

IMAGING REPORTING FEE

Doctor Name : NG CHIEW YEAN (GST ID No : 001655689216)

30/12/2017			
	CHEST (SINGLE VIEW) - REPORTING FEE	1.00	14.31
			14.31

SPECIALIST CONSULTATION

Doctor Name : PRIYA SATHISH CHANDRAN (GST ID No : 000018509824)

01/01/2018			
	CONSULT - COMPLEX FOLLOW UP AFTER HOUR	1.00	150.73
	CONSULT - COMPLEX FOLLOW UP AFTER HOUR	1.00	150.73
	CONSULT - COMPLEX NEW CASE AFTER HOUR	1.00	335.81
			637.27

COLUMBIA ASIA

Total Amount :	**3,540.20**
Total Discounted	**0.00**
Total GST @ 6% Amount :	**37.24**
Total Payable Amount :	**3,577.44**
Rounded Off Value :	**3,577.45**

	Doc. Amount	**Allocated Amount**
LESS Total Credit Note :		**0.00**
		3,577.45
ADD Total Debit note :		**0.00**
		3,577.45
LESS Payment :		**0.00**
Balance Payable / (Refundable) :		**3,577.45**

All cheque payment should be made to COLUMBIA ASIA SDN BHD

COLUMBIA ASIA

PRIYA SATHISH CHANDRAN C/o DR.PRIYA SATHISH CHANDRAN (GST ID No : 000018509824)
NO.1 LEBUH PUTERI
BANDAR PUTERI

PUCHONG 47100
SELANGOR
Tel No : 603-80648688 Fax No : 603-80648605

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No . : 000149835776
Debtor Address : NO. 1 JALAN USJ 21/10, UEP, , , SUBANG JAYA, 47630, SELANGOR, MALAYSIA

GL No. : 17123111393365
Co.Guarantor :

Patien

Patient /

Bill No. : **PRIYA/IPC-70513**
Bill Date/Time : 01/01/2018 10:27:17AM
Cashier Name : NOR.Z
Debtor Code : PMCARE
Credit Term : 120 Day(s)
Admit/Visit Date/Time : 30/12/2017 04:48:00PM
Discharge Date/Time : 01/01/2018 09:54:00AM
Ward/Rm/Bed/Type : MULTI DISCIPLINE 1/P72/2 BEDDED/P72-B
Charge Type : InPatient

Admitting/Primary Doctor : PRIYA SATHISH CHANDRAN

Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
DOCTOR CHARGES							
SPECIALIST CONSULTATION							
Doctor Name : PRIYA SATHISH CHANDRAN							
01/01/2018							
CONSULT - COMPLEX FOLLOW UP AFTER HOUR	1.00	142.20	0.00	DSR6	8.53	150.73	
CONSULT - COMPLEX FOLLOW UP AFTER HOUR	1.00	142.20	0.00	DSR6	8.53	150.73	
CONSULT - COMPLEX NEW CASE AFTER HOUR	1.00	316.80	0.00	DSR6	19.01	335.81	
							637.27

Total Amount :	**601.20**
Total Discounted	**0.00**
Total GST @ 6% Amount:	**36.07**
Total Payable Amount :	**637.27**
Rounded Off Value :	**637.30**

All cheque payment should be made to COLUMBIA ASIA SDN BHD

COLUMBIA ASIA (NG CHIEW YEAN (GST ID No : 001655689216)
NO.1 LEBUH PUTERI
BANDAR PUTERI

PUCHONG 47100
SELANGOR
Tel No : 603-80648688 Fax No : 603-80648605

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No . : 000149835776
Debtor Address : NO. 1 JALAN USJ 21/10, UEP, , , SUBANG JAYA, 47630, SELANGOR, MALAYSIA

GL No. : 17123111393365
Co.Guarantor :

Patient Name :

Patient Address :

IC No. :
MRN : H
Admitting/Primary Doctor : PRIYA SATHISH CHANDRAN

Bill No. : **CHIEWYEAN.NG/IPC-70513**
Bill Date/Time : 01/01/2018 10:27:17AM
Cashier Name : NOR.Z
Debtor Code : PMCARE
Credit Term : 120 Day(s)
Admit/Visit Date/Time : 30/12/2017 04:48:00PM
Discharge Date/Time : 01/01/2018 09:54:00AM
Ward/Rm/Bed/Type : MULTI DISCIPLINE 1/P72/2 BEDDED/P72-B
Charge Type : InPatient

Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
DOCTOR CHARGES							
IMAGING REPORTING FEE							
Doctor Name : NG CHIEW YEAN							
30/12/2017							
CHEST (SINGLE VIEW) - REPORTING FEE	1.00	13.50	0.00	DSR6	0.81	14.31	
							14.31

Total Amount :	**13.50**
Total Discounted	**0.00**
Total GST @ 6% Amount:	**0.81**
Total Payable Amount :	**14.31**
Rounded Off Value :	**14.30**

All cheque payment should be made to COLUMBIA ASIA SDN BHD

COLUMBIA ASIA		
Columbia Asia Hospital Puchong No. 1, Lebuh Puteri Bandar Puteri Puchong 47100 Puchong, Selangor Tel:603-8064 8688 Fax:603-8064 8788	**RADIOLOGY REPORT**	**Patient's Name** **IC Number** **Old IC/ Passport N** **MRN** : PUCH 0000100075 **Visit Number** : V0000000004-PUCH **Date of Birth** : 2017-07-12 **Age** : 05M **Sex** : Male **Ward / Room / Bed** : / /

Report Date / Time :30.12.2017 13:09:25
Modality :CR
Ref Doctor :AIZA ABU BAKAR

BILLING CODE:
CHEST (SINGLE VIEW)

PROCEDURE AND FINDINGS:
CHEST RADIOGRAPH (AP VIEW).

Both lungs are hyperinflated.
Right perihilar air space opacity.
No pleural effusion or pneumothorax.
The heart size is within normal limits.
Normal vascular markings seen.
Normal mediastinal contour and no hilar lymphadenopathy.
The rib cage is normal.

IMPRESSION
Features are suggestive of bronchopneumonia.

REPORTED BY

Dr. Alex Lee Fook Seng
MD (UNIMAS), MMEDRAD (USM)
Consultant Radiologist
MMC Registration No:44834
Columbia Asia Hospital – Puchong

COLUMBIA ASIA

COLUMBIA ASIA HOSPITAL PUCHONG

LABORATORY REPORT

Name	:				
MRN	:	PUCH-0000186075	**Visit No**	:	V0000000004-PUCH
Age/Gender	:	5M 20D / MALE	**Received On**	:	30/12/2017 2:15PM
Lab No	:	P0000282155	**Reported On**	:	30/12/2017 2:23PM
Referred By	:	Dr. AIZA ABU BAKAR			

HAEMATOLOGY

	Test Name	Result	Reference Range
	FULL BLOOD COUNT (FBC)		
	HAEMOGLOBIN	11.1 g/dl	(11.1 - 14.1)
	RED BLOOD COUNT	4.56 $x10^3/\mu L$	(4.1 - 5.3)
	RDW	12.0 %	(0 - 16)
	PACKED CELL VOLUME	33.5 %	(30 - 40)
	MCV	73.5 fl	(68 - 84)
	MCH	24.3 pg	(24 - 30)
	MCHC	33.1 g/dl	(30 - 36)
*	PLATELET COUNT	**575 $x10^3/\mu L$**	(200 - 550)
	WHITE CELL COUNT	9.67 $x10^3/\mu L$	(6.0 - 18.0)
	NEUTROPHIL	48 %	(25 - 60)
	LYMPHOCYTES	39 %	(25 - 50)
*	MONOCYTES	**10 %**	(1 - 6)
	EOSINOPHIL	3 %	(1 - 5)
	BASOPHIL	0 %	(0 - 1)

********** END OF REPORT **********

Comment :

This report is computer generated, signature is not required. Validated by : MOHANAA SANKARAN,

No.1, Lebuh Puteri, Bandar Puteri Puchong, Selangor Darul Ehsan, Malaysia.
Tel: 603-8064 8688 Fax: 603-8064 8788 Website: www.columbiaasia.com

COLUMBIA ASIA

COLUMBIA ASIA HOSPITAL PUCHONG

LABORATORY REPORT

Name					
MRN	:	PUCH-0000186075	**Visit No**	:	V0000000004-PUCH
Age/Gender	:	5M 20D / MALE	**Received On**	:	30/12/2017 2:15PM
Lab No	:	P0000282155	**Reported On**	:	30/12/2017 2:45PM
Referred By	:	Dr. AIZA ABU BAKAR			

BIOCHEMISTRY

Test Name	Result	Reference Range
CREATININE	22 µmol/L	(15 - 37)
BUSE		
SODIUM	136 mmol/L	(132 - 140)
POTASSIUM	4.0 mmol/L	(3.1 - 5.1)
CHLORIDE	101 mmol/L	(97 - 108)
UREA	1.3 mmol/L	(<8.3)

********** END OF REPORT **********

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COLUMBIA ASIA

COLUMBIA ASIA HOSPITAL PUCHONG

LABORATORY REPORT

Name					
MRN	:	PUCH-0000186075	**Visit No**	:	V0000000004-PUCH
Age/Gender	:	5M 20D / MALE	**Received On**	:	30/12/2017 2:15PM
Lab No	:	P0000282155	**Reported On**	:	30/12/2017 2:34PM
Referred By	:	Dr. AIZA ABU BAKAR			

IMMUNOLOGY

Test Name	Result	Reference Range
MYCOPLASMA PNEUMONIAE IGM	NEGATIVE	

********** END OF REPORT **********

Comment :

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COLUMBIA ASIA

COLUMBIA ASIA HOSPITAL PUCHONG

LABORATORY REPORT

Name					
MRN	:	PUCH-0000186075	**Visit No**	:	V0000000004-PUCH
Age/Gender	:	5M 20D / MALE	**Received On**	:	30/12/2017 2:15PM
Lab No	:	P0000282155	**Reported On**	:	30/12/2017 2:34PM
Referred By	:	Dr. AIZA ABU BAKAR			

MICROBIOLOGY

Test Name	Result	Reference Range
INFLUENZA SCREENING TEST	Influenza A Screening Test: NEGATIVE Influenza B Screening Test: NEGATIVE	

********** END OF REPORT **********

Comment :

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No.1, Lebuh Puteri, Bandar Puteri Puchong, Selangor Darul Ehsan, Malaysia.
Tel: 603-8064 8688 Fax: 603-8064 8788 Website: www.columbiaasia.com

GeneFlux® BioNexus Status Company

2009 H1N1 AND INFLUENZA A & B DIAGNOSTIC TEST

STANDARDS

MS ISO/IEC 17025 TESTING SAMM NO. 512

LABORATORY INVESTIGATION TEST REPORT

72

Geneflux reference number	: HN 17105
Hospital name	: COLUMBIA ASIA HOSPITAL PUCHONG
Doctor's name	: DR. PRIYA
Patient's R/N number	
Patient's Name	
Identity Card number	
Age (years)/sex	: 5 MONTHS / MALE
Date & Time of Sample Collection	: 30/12/2017 AT 03:00 PM
Date & Time Received at the Laboratory	: 31/12/2017 AT 12:40 PM
Specimen Type	: NASAL SWAB (IN VTM)
Test Method	: SOP MTD 1 & MTD 8

Influenza Real Time Multiplex PCR Results:

Influenza Virus Type A	Influenza Virus Type A NOT detected
Subtype 2009 H1N1	NOT detected
Subtype H3N2	NOT detected
Influenza Virus Type B	Influenza Virus Type B NOT detected

Note: This is a laboratory test result **ONLY**
Laboratory test results should be correlated with clinical findings.

Prof. Dr. Menaka Hariharan
(MMC NO: 20147)
MBBS (UM), Mpathology,
Haematology and Blood Transfusion (UM),
FRCPA (Australasia). FAMM

Reporting Time & Date:
05:30 pm, 31/12/2017

Company stamp:

GENEFLUX BIOSCIENCES SDN BHD (769382-V)

ANALYTICAL SENSITIVITY:	
Pandemic(2009) H1N1	*0.22 copies/uL*
H3N2	*0.29 copies/uL*
Influenza A	*0.41 copies/uL*
Influenza B	*5.90 copies/uL*

This report shall not be reproduced except in full and with written approval of the laboratory

Not detected does not conclusively rule out absence of the agent tested, for the following reasons:

1) Specimen collection not timely, or

2) Specimen deterioration due to inappropriate collection, storage or transport

Geneflux® Biosciences Sdn. Bhd. (769382-V)
Molecular Diagnostics Laboratory
G1, Menara KLH, Bandar Puchong Jaya, 47100, Puchong, Selangor D. E., Malaysia.
Tel: +603 8070 1154, Fax: +603 8070 3654,
Website: www.geneflux.net.my E-mail: info@geneflux.net.my

ACS REGISTRARS ISO 9001

BIONEXUS

Dr Priya

PMCare

MUHAMMAD FATEH BIN ANUAR

MRN: PUCH-0000186075
Visit No: A0000000002-PUC Sex: MALE
IC No: 170712-10-0969 Age: 0
DOB: 12/07/2017

FORM MM201 (Part I)

TRANSMISSION

CRD	:	Sp/Hosp. Fax No.	
GL Serial No.	: 17123111393365	Other Fax No.	
Previous GL Serial No.	: 17123111393365	By Hand/Courier/Mail	
Date/Time of Issuance	: 31/12/2017 11:39:34.221	Visit Type	
Attention	: DR PRIYA SATHISH CHANDRAN	Service Type	
To	: COLUMBIA ASIA MEDICAL CENTRE - PUCHONG	Appointment Date	: 30/12/2017

GUARANTEE LETTER ("GL")

GL Validity Period:

i) **To be utilized until 13/01/2018**
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.

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 STANDARD
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)

ACUTE BRONCHIOLITIS, UNSPECIFIED : NOT VALID IF RELATED TO IMMUNIZATION TREATMENT

4. Kindly note that:
   a. Expense entitlement is only for or directly related to medical/surgical condition referred to the Diagnosis as per above Item No. 3.
   b. Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
   c. 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.
   d. Payment of claim is subject to timely submission of complete documents, i.e. within thirty (30) days from date of service or discharge.
   e. 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 relea ims processing.

.....
Nam
NRIC

Patient Nar	n
NRIC No.	n
Membershi	
Service Type | ADMISSION	| Patient Telephone No. |

SPECIALIST/CONSULTANT DISCHARGE NOTES

Primary Diagnosis

Primary diagnosis	ACUTE BRONCHIOLITIS, UNSPECIFIED : NOT VALID IF RELATED TO IMMUNIZATION TREATMENT ICD10 coding, if available
Etiology of the above diagnosis	Viral infection
Presenting symptoms at time of admission	Fever, cough, flu, difficulty in breathing
When was the date patient sought your consultation for this condition?	30 day 12 month 17 year
To your knowledge, was the patient previously treated for this condition?	☑ No ☐ Yes When? _____ day _____ month _____ year Name/Address & contact number : -
In your professional opinion, when did the condition first develop?	25 day 12 month 17 year
Any possibility of relapse?	☑ No ☐ Yes

Please indicate (√) if the illness/injury or treatment is/are						
	Motor vehicle accident related	☑ No	☐ Yes	Date of accident	_____day _____month _____ year	
				Time of accident	_____ am/pm	
	Chronic	☑ No	☐ Yes	Cosmetic	☐ No	☐ Yes
	Pregnancy related	☑ No	☐ Yes	Fertility related	☐ No	☐ Yes
	Work related	☑ No	☐ Yes	Congenital	☐ No	☐ Yes
	Psychological related	☑ No	☐ Yes			

Secondary Diagnosis

Diagnosis other than primary	infection

Has patient suffered from/Is patient suffering any illnesses stated as follows:						
	Hypertension	☑ No	☐ Yes	Since?	_____ day _____ month _____ year	
	Cardiovascular Disease	☑ No	☐ Yes	Since?	_____ day _____ month _____ year	
	Gastrointestinal Disease	☑ No	☐ Yes	Since?	_____ day _____ month _____ year	
	Malignancy of any kind	☑ No	☐ Yes	Since?	_____ day _____ month _____ year	
	Diabetes	☑ No	☐ Yes	Since?	_____ day _____ month _____ year	
	Others	☑ No	☐ Yes	Since?	If yes, please specify _____ _____ day _____ month _____ year	

PMCARE SDN BHD (458443-P)
FORM MM201 (Part II)

PMCare

GL Serial No. : 17123111393365
Previous GL No. : 17123111393365

Treatment & Investigation						
Please indicate (√) nature of treatment and Investigation	☑ Blood Test	☐ Dietary Counseling	☑ Medical	☐ Operation	☐ Physiotherapy	☐ X-ray
	☐ Others, Please specify : _____					
Medication dispensed	Singulair, Zyrtec, Prospan					

Please state procedures, investigation and operations performed	Type of Operation/Procedure/ Investigation	Date Performed	Performed by

Referred Doctors & Specialty				
	Name of Doctor		Specialty	
	Name of Doctor		Specialty	
	Name of Doctor		Specialty	

Follow-up Treatment		
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	

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

Dr. Priya Sathish Chandran
MBBS (India), MRCPCH (UK)
Consultant Pediatrician
(MMC Full Reg. No. 34616)
Attending Doctor's Stamp

Puchong

Date

PMCare Pre-Admission Form

- 8 pages -

Dr Priya
72B.

MUHAMMAD FATEH BIN ANUAR
MRN: PUCH-0000186075
Visit No: A0000000002-PUC Sex: MALE
IC No: 170712-10-0969 Age: 0
DOB: 12/07/2017

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	Columbia Asia Hospital Puchong				
Contact Person	Shakila	Contact No.	80648688	Fax	
Admission Date	30 day 12 month 2017 year	Admission Time	4:48	am/pm	
Patient Name					
PMCare Member ID					
Company Name					
Patient IC No./Birth Certifica					12-07-2017

PATIENT MEDICAL CONDITION

Presenting symptoms at time of admission and physical finding	Fever, cough, poor drip, poor oral intake	Blood Pressure	
		Pulse	
		Respiratory rate	
		Temperature	

Is this the **FIRST TIME** patient has this/these or similar symptom(s)?	☑ Yes ☐ No
If no, how long has the condition existed?	____ year(s) ____ month(s) ____ week(s) 5 day(s)
When did patient first consult you for this complaint/condition?	30 day 12 month 17 year
Provisional Diagnosis	Acute bronchiolitis
Etiology of the above diagnosis	viral infection

Please indicate (√) if the illness/injury or treatment is/are

Motor vehicle accident related	☑ No ☐ Yes	Date of accident	day month year
Slips, Trips or Fall	☑ No ☐ Yes		
Accident at Work	☑ No ☐ Yes	Time of accident	am/pm

Cosmetic/Dental Care/Refractive error	☑ No ☐ Yes
Chronic Illnesses	☑ No ☐ Yes
Influence of Drugs/Alcohol	☑ No ☐ Yes
Psychological Disorder/Psychiatric/Sleeping Disorder	☑ No ☐ Yes
Pregnancy Related /infertility	☑ No ☐ Yes
Self-Inflicted injuries/Violation of laws/Strike/Riots	☑ No ☐ Yes
Congenital	☑ No ☐ Yes
STD/HIV/AIDS	☑ No ☐ Yes

Has patient suffered from/Is patient suffering any illnesses stated as follows:

Hypertension, Diabetes	☑ No ☐ Yes	Since?	day month year	
Cardiovascular Disease	☑ No ☐ Yes	Since?	day month year	
Malignancy of any kind	☑ No ☐ Yes	Since?	day month year	
Stones of the Urinary system	☑ No ☐ Yes	Since?	day month year	
ENT conditions	☑ No ☐ Yes	Since?	day month year	
Hernias, haemorrhoids	☑ No ☐ Yes	Since?	day month year	
Endometriosis	☑ No ☐ Yes	Since?	day month year	
Others	☑ No ☐ Yes	Since?	(If yes, please specify) ____ day month year	

Can this condition be managed under outpatient basis?	☐ Yes ☑ No (If no, please state reason)	Reason	need nebuliser, IV antib
Admission requires	☑ Hospitalisation ☐ Day Care ☐ On patient's request	Estimated length of stay	3-5 day
Please state **TREATMENT PLAN.** e.g. lab test, imaging, and etc	☑ Medication ☐ Procedure ☐ Surgery ☐ Physiotherapy / ☐ Diagnostic Imaging ☑ Laboratory Test ☐ Others, Please specify :	**Estimated total cost**	**RM** 5000/-
Signature and stamp of Admitting Physician/Surgeon		Dr. Priya Sathish Chandran MBBS (India), MRCPCH (UK) Consultant Pediatrician (MMC Full Reg. No. 34616) Columbia Asia Hospital - Puchong	
If Admitting Doctor is a Medical Officer, please state Name and Specialty / Doctor to be referred to			