DARUL MAKMUR MEDICAL CENTRE
HOSPITAL PAKAR 爱心专科医院
"Caring from the Heart"
(Co. No. 825929-W)

FOLLOW UP		
TIME	PIC	PROGRESS
4.11 PM		UPLOAD
5.50 PM	FARHANA	IN - PROCESS
6.10 PM	R-ADY	APPROVED - TGGU FAX

TO WHOM IT MAY CONCERN : PMCARE

DATE : 12/3/2018

DEAR SIR/MADAM,

REF : REQUEST FOR GUARANTEE LETTER

[✓] ADMISSION DR WAN ATMAN SAID B. WAN MUSA

[ ] FOLLOW UP DR _____

[ ] REFFERAL DR _____

PATIENT'S NAME _____

MRN NO. _____

I/C NO. _____

This patient presented to Darul Makmur Medical Centre on _____

at _____ am/pm with complaints of _____

Kindly assist with the Guarantee Letter.

Thank you,

Your sincerely,

BILLING DEPARTMENT

DARUL MAKMUR MEDICAL CENTRE SDN. BHD.

PHONE : 09-5349988

FAX : 09-5349966

GST ID NO: 001084809216
DEBTOR: DP0001
NAME: PMCARE SDN BHD (PH101)
NO.1, JALAN USJ 21/10,
UEP SUBANG JAYA,
47630 SELANGOR,

CONTACT

MRN
NAME
IC
ID

PAGE: 1
BILL NO: 067661
USER-ID: ZILA
BILL DATE: 15/03/2018 13:53
FIN. CLASS: TR
BILL TYPE: RM16

GL NO: FAATIMATUZ-ZAHRA'
CREDIT TERM: 0 DAYS
EPISODE NO: 0005
REGISTER DATE: 12/03/2018 11:45
DISCHARGE DATE: 15/03/2018

DOCTOR: DR.WAN ATMAN SAID BIN WAN MUSA
DIAGNOSIS:

TAX INVOICE

	AMOUNT (RM)	DISCOUNT (RM)	PAYABLE AMT (RM)	TAX AMT (RM)
HOSPITAL EXEMPT SUPPLIES				
INJECTION	110.90	0.00	110.90	0.00
ROUND ADJUSTMENT	-0.02	0.00	-0.02	0.00
SINGLE STANDARD @ 3.5 DAYS	630.00	105.00	525.00	0.00
TAKE HOME DRUG	48.60	0.00	48.60	0.00
EQUIPMENT	1,260.00	0.00	1,260.00	0.00
LABORATORY	364.70	0.00	364.70	0.00
MEDICAL SUPPLY	460.90	0.00	460.90	0.00
NURSING PROCEDURE	873.00	0.00	873.00	0.00
PHARMACY	1,431.15	0.00	1,431.15	0.00
RADIOLOGY	140.00	0.00	140.00	0.00
NURSING PROCEDURE	120.00	0.00	120.00	0.00
DISPOSABLE ITEM	33.67	0.00	33.67	0.00
OPERATION THEATRE	520.00	0.00	520.00	0.00
OT SUPPLY	190.00	0.00	190.00	0.00
OTHERS	40.00	0.00	40.00	0.00
	Sub-Total		6,117.90	
AN-DR CHIN KON SIN - DR CHIN KON SIN	806.25		806.25	0.00
CS-DR CHIN KON SIN - DR CHIN KON SIN	270.00		270.00	0.00
CS-DR.WAN ATMAN SAID BIN WAN M - DR.WAN ATMAN SAID BIN WAN	200.00		200.00	0.00
DS-DR CHIN KON SIN - DR CHIN KON SIN	-80.60		-80.60	0.00
DS-DR.WAN ATMAN SAID BIN WAN M - DR.WAN ATMAN SAID BIN WAN	-110.60		-110.60	0.00
PR-DR WAN ATMAN SAID BIN WAN M - DR.WAN ATMAN SAID BIN WAN	450.00		450.00	0.00
SR-DR.WAN ATMAN SAID BIN WAN M - DR.WAN ATMAN SAID BIN WAN	1,106.25		1,106.25	0.00
WR-DR.WAN ATMAN SAID BIN WAN M - DR.WAN ATMAN SAID BIN WAN	600.00		600.00	0.00

TOTAL BILL AMOUNT	9,359.20
ROUNDING ADJUSTMENT	0.00
DEPOSIT/PAYMENT PAID	0.00
TOTAL AMOUNT TO BE PAID/(REFUND)	9,359.20

Remark: IP BILL
Print Date/Time/User: 15/03/2018 14:13:52 by ZILA
Note:
Cheque must be crossed and made payable to :
DARUL MAKMUR MEDICAL CENTRE SDN. BHD. / COMPANY ACCOUNT NO : RHB 20601200111617
THIS IS COMPUTER GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.

DARUL MAKMUR MEDICAL CENTRE SDN BHD (825929-W)
B2-B60, Jalan Kempadang Makmur
Taman Kempadang Makmur
26060 Kuantan
Pahang Darul Makmur

TAX INVOICE
(DETAIL BILL)

GST ID NO: 001084809216
DEBTOR: DP0001
NAME: PMCARE SDN BHD (PH101)
NO.1, JALAN USJ 21/10,
UEP SUBANG JAYA,
47630 SELANGOR,

PAGE: 1
BILL NO: 67661
USER-ID: ZILA
BILL DATE: 15/03/2018 13:53
FIN. CLASS: TR
BILL TYPE:

CONTACT:
MRN:
NAME:
IC:
ID:

GL NO: FAATIMATUZ-ZAHRA'
CREDIT TERM: 0 DAYS
EPISODE NO: 0005
REGISTER DATE: 12/03/2018 11:45
DISCHARGE DATE: 15/03/2018

DOCTOR: DR.WAN ATMAN SAID BIN WAN MUSA

Hospital

Price Code	Description	Trans Date	Qty	Amount (RM)	GST Amt (RM)
100003	SINGLE STANDARD	12/03/2018	1.00	180.00	
100003	SINGLE STANDARD	13/03/2018	1.00	180.00	
100003	SINGLE STANDARD	14/03/2018	1.00	180.00	
100003	SINGLE STANDARD	15/03/2018	0.50	90.00	
	SINGLE STANDARD			630.00	
101008	MINOR OPERATION 0 - 1 HR	12/03/2018	1.00	260.00	
101019	Oncall minor op	12/03/2018	1.00	210.00	
101083	RECOVERY OH - 1HR	12/03/2018	1.00	50.00	
	OPERATION THEATRE			520.00	
200003	APRON DISP (PLASTIC)	12/03/2018	2.00	3.40	
200014	CAP SURGEON TIE ON 40G	12/03/2018	2.00	2.80	
200025	DISP GLOVE SZ M	12/03/2018	8.00	5.60	
200026	DISP GLOVE SZ S	12/03/2018	6.00	4.20	
200043	ECG ELECTRODES ADULT	12/03/2018	1.00	3.30	
200043	ECG ELECTRODES ADULT	12/03/2018	1.00	3.30	
200043	ECG ELECTRODES ADULT	12/03/2018	1.00	3.30	
200066	DRESSING SET	15/03/2018	1.00	10.00	
200091	INFUSSION SET	12/03/2018	1.00	6.10	
200094	KIDNEY DISH	12/03/2018	1.00	3.90	
200103	MASK 3 PLY	12/03/2018	5.00	6.00	
200105	MEDICINE CUP 30ML	14/03/2018	3.00	2.10	
200105	MEDICINE CUP 30ML	15/03/2018	1.00	0.70	
200122	OXYGEN MASK ADULT	12/03/2018	1.00	12.50	
200122	OXYGEN MASK ADULT	12/03/2018	1.00	12.50	
200125	OXYGEN MASK PAED	12/03/2018	1.00	16.80	
200130	PROBE COVER/THERMOSCAN CAP	12/03/2018	2.00	4.40	
200130	PROBE COVER/THERMOSCAN CAP	13/03/2018	3.00	6.60	
200130	PROBE COVER/THERMOSCAN CAP	14/03/2018	6.00	13.20	
200130	PROBE COVER/THERMOSCAN CAP	15/03/2018	2.00	4.40	
200185	SYRINGE 10mL LUER SLIP	12/03/2018	1.00	2.80	
200185	SYRINGE 10mL LUER SLIP	12/03/2018	2.00	5.60	
200185	SYRINGE 10mL LUER SLIP	13/03/2018	1.00	2.80	
200185	SYRINGE 10mL LUER SLIP	13/03/2018	1.00	2.80	
200188	SYRINGE 3mL LUER SLIP	13/03/2018	4.00	11.20	
200189	SYRINGE 5mL LUER SLIP	12/03/2018	1.00	2.80	
200189	SYRINGE 5mL LUER SLIP	12/03/2018	1.00	2.80	
200189	SYRINGE 5mL LUER SLIP	12/03/2018	1.00	2.80	
200217	VASOFIX 20	12/03/2018	1.00	6.60	

Price Code	Description	Trans Date	Qty	Amount (RM)	GST Amt (RM)
200295	CATHETER MOUNT	12/03/2018	1.00	15.00	
200301	3ml SYRINGE LUER LOCK	12/03/2018	1.00	2.80	
200302	5ml SYRINGE LUER LOCK	12/03/2018	1.00	2.80	
210025	DRESSING TOWEL	13/03/2018	4.00	100.00	
210077	TOILET & SUTURE SET	12/03/2018	1.00	25.00	
220005	CSSD-MINOR	12/03/2018	1.00	150.00	
	MEDICAL SUPPLY			460.90	
200269	MICROPORE SZ 1"(PERUSE)	12/03/2018	1.00	5.25	
200296	HEAT MOISTURE EXCHANGER(HME)	12/03/2018	1.00	14.00	
200347	SYRINGE 20ML LUER LOCK	12/03/2018	1.00	1.00	
200353	LILY NEEDLE FREE CONNECTOR	12/03/2018	1.00	7.42	
200568	LEUKOMED I.V FILM 6X8CM	12/03/2018	1.00	3.00	
200568	LEUKOMED I.V FILM 6X8CM	12/03/2018	1.00	3.00	
	DISPOSABLE ITEM			33.67	
230147	LARYNGEAL MASK 4	12/03/2018	1.00	146.00	
230260	RAYTEX GAUZE (10PCS)	12/03/2018	1.00	31.00	
230321	SURGICAL BLADES 11	12/03/2018	1.00	2.50	
230474	PRECUT XRAY GAUZE 10CM X 10CM/PCS	12/03/2018	1.00	10.50	
	OT SUPPLY			190.00	
400001	ANAESTHETIC MACHINE	12/03/2018	1.00	100.00	
400007	BREATHING CIRCUIT CHILD	12/03/2018	1.00	60.00	
400041	NIBP 1 DAY	12/03/2018	1.00	40.00	
400041	NIBP 1 DAY	13/03/2018	1.00	40.00	
400041	NIBP 1 DAY	14/03/2018	1.00	40.00	
400042	NIBP 1/2 DAY	15/03/2018	1.00	30.00	
400048	OXYGEN 1/2 DAY	12/03/2018	1.00	150.00	
400048	OXYGEN 1/2 DAY	12/03/2018	1.00	150.00	
400048	OXYGEN 1/2 DAY	13/03/2018	1.00	150.00	
400052	PULSE OXYMETER	12/03/2018	1.00	40.00	
400052	PULSE OXYMETER	13/03/2018	1.00	40.00	
400052	PULSE OXYMETER	14/03/2018	1.00	40.00	
400055	PULSE OXYMETER 1/2 DAY	12/03/2018	1.00	30.00	
400055	PULSE OXYMETER 1/2 DAY	15/03/2018	1.00	30.00	
400063	INFUSION PUMP	12/03/2018	1.00	20.00	
400065	NIBP - OT/SCOPE	12/03/2018	1.00	50.00	
400065	NIBP - OT/SCOPE	12/03/2018	1.00	50.00	
400078	WARMER	12/03/2018	1.00	50.00	
400078	WARMER	12/03/2018	1.00	50.00	
400121	SUCTION PUMP-HDU/OT	12/03/2018	1.00	100.00	
	EQUIPMENT			1,260.00	
505030	DRESSING CLEAN	14/03/2018	1.00	15.00	
505030	DRESSING CLEAN	15/03/2018	1.00	15.00	
505042	INJECTIONS	13/03/2018	1.00	8.00	
505046	IVD SETTING/HEP BLOCK	12/03/2018	1.00	15.00	
505046	IVD SETTING/HEP BLOCK	13/03/2018	1.00	15.00	
505046	IVD SETTING/HEP BLOCK	14/03/2018	1.00	15.00	
505052	VITAL SIGN(SCREENING)	12/03/2018	1.00	15.00	
505052	VITAL SIGN(SCREENING)	12/03/2018	2.00	30.00	
505052	VITAL SIGN(SCREENING)	13/03/2018	6.00	90.00	
505052	VITAL SIGN(SCREENING)	14/03/2018	6.00	90.00	
505052	VITAL SIGN(SCREENING)	15/03/2018	2.00	30.00	
505058	POSITIONING PATIENT	12/03/2018	1.00	10.00	
505062	POST OP CARE MINOR / DAY	12/03/2018	1.00	45.00	

Price Code	Description	Trans Date	Qty	Amount (RM)	GST Amt (RM)
505063	PRE OP PREPARATION Kit	12/03/2018	1.00	40.00	
505085	VENOFIX SETTING - ADULT	12/03/2018	1.00	20.00	
505092	PREPARATION ANAES. PROC- NURSE ASSISTI	12/03/2018	1.00	50.00	
505097	IV CARE	12/03/2018	1.00	40.00	
505097	IV CARE	13/03/2018	1.00	40.00	
505097	IV CARE	14/03/2018	1.00	40.00	
505099	ASSIST PROCEDURE	12/03/2018	1.00	10.00	
505099	ASSIST PROCEDURE	12/03/2018	1.00	10.00	
505099	ASSIST PROCEDURE	12/03/2018	1.00	10.00	
505099	ASSIST PROCEDURE	13/03/2018	2.00	20.00	
505099	ASSIST PROCEDURE	13/03/2018	4.00	40.00	
505099	ASSIST PROCEDURE	14/03/2018	1.00	10.00	
505099	ASSIST PROCEDURE	14/03/2018	5.00	50.00	
505099	ASSIST PROCEDURE	15/03/2018	2.00	20.00	
505108	ASSESSMENT	12/03/2018	1.00	40.00	
505108	ASSESSMENT	15/03/2018	1.00	40.00	
	NURSING PROCEDURE			873.00	
505129	IV CARE OT/SCOPE	12/03/2018	1.00	40.00	
505139	ASSESMENT OT	12/03/2018	1.00	40.00	
505139	ASSESMENT OT	12/03/2018	1.00	40.00	
	NURSING PROCEDURE			120.00	
CAL	LAB ONCALL	12/03/2018	1.00	35.00	
FBC	Full Blood Count	12/03/2018	1.00	29.40	
HISS38	HISTOPATOLOGY (MEDIUM)	13/03/2018	1.00	231.00	
WSC	SWAB CARBUNCLE, BLISTERS,SKIN,GANGRENE	13/03/2018	1.00	69.30	
	LABORATORY			364.70	
830009	Ultrasound Breast	12/03/2018	1.00	140.00	
	RADIOLOGY			140.00	
900002	INJ METOCLOPROMIDE 10MG/2ML	12/03/2018	1.00	9.00	
900012	INJ LIDOCAINE 2% (1ML)	12/03/2018	1.00	3.75	
900025	INJ HEPARIN SODIUM 10IU/mL	13/03/2018	1.00	8.80	
900026	NORMAL SALINE 0.9% 500ML(NS)	13/03/2018	1.00	10.80	
900028	WATER FOR INJECTION 10ML	12/03/2018	2.00	8.00	
900040	NORMAL SALINE 0.9% 10ML	12/03/2018	1.00	3.80	
900040	NORMAL SALINE 0.9% 10ML	13/03/2018	1.00	3.80	
900088	SEVOFLURANE 250ML	12/03/2018	50.00	200.00	
900093	INJ PROPOFOL 10MG/ML	12/03/2018	1.00	65.00	
900103	INJ TRAMADOL 50MG	12/03/2018	1.00	12.00	
900129	INJ PARECOXIB 40MG	12/03/2018	1.00	81.00	
900129	INJ PARECOXIB 40MG	13/03/2018	2.00	162.00	
900156	INJ CEFUROXIME 750MG	12/03/2018	6.00	205.80	
900168	NORMAL SALINE 0.9% 100ML	12/03/2018	2.00	17.00	
900168	NORMAL SALINE 0.9% 100ML	13/03/2018	2.00	17.00	
920016	T. CEFUROXIME 250MG	13/03/2018	4.00	17.20	
920089	C. CELECOXIB 200MG	13/03/2018	4.00	32.00	
920270	TAB DOSTINEX 0.5MG	14/03/2018	9.00	529.20	
940083	BETADINE SOLUTION PER ML (1L)	12/03/2018	100.00	30.00	
950003	GLYCERIN ENEMA (10ML)	14/03/2018	1.00	4.50	
950005	INJ FENTANYL 0.1MG/2ML	12/03/2018	1.00	10.50	
	PHARMACY			1,431.15	
900218	INJ PARACETAMOL 10MG/ML	12/03/2018	1.00	33.20	

Price Code	Description	Trans Date	Qty	Amount (RM)	GST Amt (RM)
900221	INJ ONDANSETRON 4MG/2ML	12/03/2018	1.00	77.70	
	INJECTION			110.90	
990109	GOWN OT SET	12/03/2018	5.00	40.00	
	OTHERS			40.00	
920016	T. CEFUROXIME 250MG	15/03/2018	6.00	17.10	
920089	C. CELECOXIB 200MG	15/03/2018	6.00	31.50	
	TAKE HOME DRUG			48.60	
990002	DISCOUNT- ROOM	15/03/2018	1.00	-105.00	
	DISCOUNT- ROOM			-105.00	
990011	ROUND ADJUSTMENT	15/03/2018	1.00	-0.02	
	ROUND ADJUSTMENT			-0.02	
		Sub-Total		6,117.90	
Consultant					
DRATM-CS	DR.WAN ATMAN SAID BIN WAN MUSA-C AC201001 - Specialist Fee : First visit / Initial consultation - Consultation only / Consultation with examination/Consultation with examina	12/03/2018	1.00	200.00	
DRATM-DS	DR.WAN ATMAN SAID BIN WAN MUSA-C	12/03/2018	1.00	-110.60	
DRATM-PR	DR.WAN ATMAN SAID BIN WAN MUSA-C EY016 - Dressing	13/03/2018	1.00	150.00	
DRATM-PR	DR.WAN ATMAN SAID BIN WAN MUSA-C EY016 - Dressing	14/03/2018	1.00	150.00	
DRATM-PR	DR.WAN ATMAN SAID BIN WAN MUSA-C EY016 - Dressing	15/03/2018	1.00	150.00	
DRATM-SR	DR.WAN ATMAN SAID BIN WAN MUSA-P B3310 - Drainage of breast abscess	12/03/2018	1.00	870.00	
DRATM-SR	DR.WAN ATMAN SAID BIN WAN MUSA-P S1500 - Biopsy of skin or subcutaneous tissue	12/03/2018	1.00	236.25	
DRATM-WR	DR.WAN ATMAN SAID BIN WAN MUSA-C AC204001 - Specialist Fee : Ward Review - Consultation only (During clinic hours)	12/03/2018	1.00	100.00	
DRATM-WR	DR.WAN ATMAN SAID BIN WAN MUSA-C AC204001 - Specialist Fee : Ward Review - Consultation only (During clinic hours)	13/03/2018	2.00	200.00	
DRATM-WR	DR.WAN ATMAN SAID BIN WAN MUSA-C AC204001 - Specialist Fee : Ward Review - Consultation only (During clinic hours)	14/03/2018	2.00	200.00	
DRATM-WR	DR.WAN ATMAN SAID BIN WAN MUSA-C AC204001 - Specialist Fee : Ward Review - Consultation only (During clinic hours)	15/03/2018	1.00	100.00	

Price Code	Description	Trans Date	Qty	Amount (RM)	GST Amt (RM)
DRCHIN-AN	AN-DR CHIN KON SIN S1500 - Biopsy of skin or subcutaneous tissue	12/03/2018	1.00	198.75	
DRCHIN-AN	AN-DR CHIN KON SIN B3310 - Drainage of breast abscess	12/03/2018	1.00	607.50	
DRCHIN-CS	DR CHIN KON SIN-C AC201002 - Specialist Fee : First visit / Initial consultation - Consultation after stipulated clinic hours	12/03/2018	1.00	270.00	
DRCHIN-DS	DR CHIN KON SIN-C	12/03/2018	1.00	-80.60	
		Sub-Total		3,241.30	

TOTAL BILL AMOUNT 9,359.20
DEPOSIT/PAYMENT PAID 0.00
TOTAL AMOUNT TO BE PAID/(REFUND) 9,359.20
Remark: IP BILL
Print Date/Time/User: 15/03/2018 14:13:24 by ZILA
Note:

Interest of 12% per annum will be levied on any of the sum that is overdue in is account.
Payment by cheques only acceptable for corporate accounts. Cheque should be crossed "Account Payee Only" and made payable to
DARUL MAKMUR MEDICAL CENTRE SDN. BHD. / COMPANY ACCOUNT NO : RHB 20601200111617

GUARANTEE LETTER REQUEST FORM

To :PMCare Sdn Bhd PMCare Careline :03-8026 7799
Fax No. :03-8023 9999 Email Address :gl@pmcare.com.my

Please fill up the details as follows:

From : DARUL MAKMUR MEDICAL CENTRE

Name of Employer :

Your Mobile number :

Important Notice : Please complete this form and fax/email together with your referral letter or appointment card to us.

Reason for seeking treatment; please tick (√) whichever approriate:-

For Consultation		First Visit (please attach referral letter)		
For Admission	✓	Follow-up Visit (please attach appointment card)	Outpatient	
			Post Hospitalization	

Information on Employee & Patient:

PMCare Membership ID	>	
Name of Employee	>	
Employee NRIC number	>	
Name of Patient	>	

Information on Clinic & Hospital/Specialist:

Name of Clinic issuing referral letter	>	
Name of Hospital/Specialist referred to	>	DARUL MAKMUR MEDICAL CENTRE
Name of Doctor you wish to meet	>	DR WAN ATMAN SAID WAN MUSA
Diagnosis	>	
Date of visit/admission	>	12/3/2018

Information on recipient of Guarantee Letter:

Contact number	>	09-5349988	
Email address	>	psd_dmmc@yahoo.com	
GL to be faxed?			
a) Yes. If yes, please specify fax number	>	✓	Fax number 09-5349966
b) No	>		

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	~~RBP Hospital Seated by Istana~~ Darul Makmur Medical Centre				
Contact Person		Contact No.	09-5349988	Fax	09-5349966
Admission Date	12 day 03 month 20[illegible] year	Admission Time			

Patient Name	
PMCare Member ID	
Company Name	
Patient IC No./Birth Certificate No.	

PATIENT MEDICAL INFORMATION

Presenting symptoms at time of admission and physical finding	Right breast lump (growing) 7x7 cm tender lump at right 10 o'clock position	Blood Pressure	119/75
		Pulse	90
		Respiratory rate	14
		Temperature	37.9°c

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) 1 week(s) ____ day(s)
When did patient first consult you for this complaint/condition?	12 day 03 month 20[illegible] year
Provisional Diagnosis	Right breast abscess / injected gelactocele
Etiology of the above diagnosis	bacterial 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 Illnessess	☑ 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 operation i.e incision and drainage + biopsy of abscess wall IV antibiotic / IV analgesic
Admission requires	☑ Hospitalisation ☐ Day Care ☐ On patient's request	Estimated length of stay	3-4 days
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 8-9k**
Signature and stamp of Admitting Physician/Surgeon	DR. WAN ATIMAN B. WAN MUSA (MMC NO: 38422) MD, M.MED (SURGERY) (USM) CONSULTANT GENERAL SURGEON DARUL MAKMUR MEDICAL CENTRE		
If Admitting Doctor is a Medical Officer, please state Name and Specialty / Doctor to be referred to			

PMCare

FORM MM201 (Part I)

CRD	:		
GL Serial No.	:	18031218081426	
Previous GL Serial No.	:	18031218081426	
Date/Time of Issuance	:	12/03/2018 18:8:14.154	
Attention	:	DR WAN ATMAN SAID BIN WAN	
To	:	DARUL MAKMUR MEDICAL CENTRE	

TRANSMISSION

Sp/Hosp. Fax No.	:	035349966
Other Fax No.	:	095349988
By Hand/Courier/Mail	:	
Visit Type	:	NOT APPLICABLE
Service Type	:	ADMISSION
Appointment Date	:	12/03/2018

GUARANTEE LETTER ("GL")

GL Validity Period:

i) To be utilized until 25/03/2018
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	8000.00 INITIAL LIMIT
A daily Room & Board charges inclusive of Meals & Tax of not more than	120.00
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)

INFLAMMATORY DISORDERS OF BREAST - FOR SURGERY

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 release of the medical report to PMCare Sdn Bhd/payer for claims processing.

_____am/pm
_____am/pm

SPECIALIST/CONSULTANT DISCHARGE NOTES

Primary Diagnosis

Primary diagnosis	INFLAMMATORY DISORDERS OF BREAST - FOR SURGERY ICD10 coding, if available
Etiology of the above diagnosis	Right breast injected gelclaveate ??? breast cancer
Presenting symptoms at time of admission	Right breast lump / painful, skin breast feeding for 1 week duration
When was the date patient sought your consultation for this condition?	12 day 03 month 2018 year
To your knowledge, was the patient previously treated for this condition?	☐ No ☑ Yes When? 05 day 03 month 2018 year Name/Address & contact number : - Klinik Dr Hadin ? NSR , Pekan
In your professional opinion, when did the condition first develop?	05 day 03 month 2018 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

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

DIAGNOSTIC IMAGING REPORT

Name		Gender	F
Patient ID		DOB	
Patient IC No		Exam Date	12-03-2018

Procedure: US BREASTS

Clinical
Breastfeeding lady complaint of right breast swelling associated with fever. TRO galactocele/ breast abcess.

Findings
RIGHT BREAST
There is a well defined anechoiec cystic lesion with posterior enhancement seen at right 8 o'clock position about 2cm from the nipple measuring at 1.6 x 1.5 x 0.9cm. No intralesional vascularity. A fairly well defined heterogeneous lesion is seen at 2 - 3 o'clock position 2cm from the nipple measuring at 3. 3 x 2.7 x 2.4cm. Lesion appear to have mixed solid cystic component. Perilesional vascularity seen.

LEFT BREAST
A well defined anechoic cystic lesion with echogenic structure within is seen at left 10 o'clock position about 2cm from nipple measuring 1.1 x 0.5cm, likely to be intramammary lymph node. Cystic lesions are seen at 1 o'clock and 9 o'clock position about 2cm from nipple measuring 1.7 x 1.2 x 0.7cm and 0.6 x 0.7 x 0.6cm respectively.

Subcentimeter axillary nodes with preserved fatty hilum noted bilaterally.

Impression:
Bilateral breast cysts.
Right breast heterogeneous lesion, features could represent galactocele.

Report By,
Dr. Sharini Bt Shamsudin
Consultant Radiologist

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

PATHOLOGY REPORT

Courier Run:

Patient Details UR:

Doctor Details

DARUL MAKMUR MED CTR
B2-B60 JLN KEMPADANG MAKM
TMN KEMPADANG MAKMUR
KUANTAN 26060

Collected: 12/03/18 00:00 Ward:
Referred : 12/03/18 Yr Ref.:

Lab No.:18-1288828-I

HAEMATOLOGY — **SPECIMEN: WHOLE BLOOD**

**	**Haemoglobin**		102 g/L	(115-165)
	RBC		4.63 x 10^{12}/L	(3.80-5.50)
	PCV		0.35 L/L	(0.35-0.47)
*	MCV		75 fL	(78-99)
**	MCH		22 pg	(27-32)
*	MCHC		294 g/L	(300-360)
*	RDW		17.5 %	(11.0-15.0)
	White Cell Count		5.5 x 10^9/L	(4.0-11.0)
	Neutrophils	53 %	2.9 x 10^9/L	(2.0-8.0)
	Lymphocytes	35 %	1.9 x 10^9/L	(1.0-4.0)
	Monocytes	8 %	0.4 x 10^9/L	(< 1.2)
	Eosinophils	3 %	0.2 x 10^9/L	(< 0.8)
	Basophils	0 %	0.0 x 10^9/L	(< 0.2)
	Platelets		332 x 10^9/L	(150-400)

* PRELIMINARY REPORT:FINAL REPORT TO FOLLOW *

12/3/18

CC Drs: MEDICAL OFFICER.

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Printed On: 12/03/18 At: 21:23 Run#: 3021 Page#: 1