BORANG PERMOHONAN LAPORAN PERUBATAN HOSPITAL KUALA LUMPUR

A) Maklumat Pemohon / ***Applicant's Details*** — * (sila tandakan √) bagi Laporan siap / *Please (√) your option for report ready* : ☐ **Pos** / *Post* ☐ **Datang Ambil Sendiri** / *Collect at Counter*

Nama Pemohon - *Applicant's Name* :

No. KP (Baru) / Passport / Lain-lain / Ic No / *Passport / Others* :

Hubungan Dengan Pesakit / Relationship with patient :

Alamat Pemohon / *Applicant's Address* :

No. Telefon - *Telephone No* : (Rumah) Home (H/P) Mobile No :

B) Maklumat Pesakit / Simati – *Patient's Details / Deceased*

Nama Pesakit / simati / Patient's Name / Deceased name :

No. KP (Baru) / Identification No :

No. Passport / lain-lain / *Passport / Others* :

Jantina / (Gender) : ☐ Lelaki / *Male* ☐ Perempuan / Female

Umur / *Age* :

Wad/ Klinik / Ward / Clinic :

Tarikh mula rawatan di klinik pakar / Tarikh masuk hospital / *Date of treatment / date of admission* :

Tarikh keluar hospital / Tarikh meninggal dunia / *Date of discharge / date of death* :

C) Laporan yang dipohon (sila tandakan √) * - *Type of the Application. Please (√) the option*

i) Laporan perubatan biasa oleh pegawai perubatan (RM 40) - *Medical Report by Medical officer (non citizen RM120)* ☐

ii) Laporan perubatan biasa oleh pakar (RM 80) - *Medical Report by Specialist (non citizen RM 240)* ☐

iii) Laporan terperinci oleh pakar (RM 200 – RM 1000 mengikut kerumitan) ☐
- Details Report by Specialist according to complexity (non citizen RM 400 - RM2000)

Laporan perubatan diperlukan untuk PERKESO / INSURANS / BURUH '90 / KWSP / lain-lain : .....

D) Butiran Bayaran - *Payment's Details*

Bersama-sama ini disertakan Cek / Kiriman Wang / Wang Pos bernombor ..... / Wang Tunai berjumlah RM ..... bertarikh ..... bagi bayaran laporan tersebut.
Together this is included check / money Order / Postal Order numbered ..... / Cash amounted to RM ..... dated ..... for the payment of the report

E) Keizinan daripada pesakit – *Consent by patient*

Saya membenarkan pihak hospital mengeluarkan laporan perubatan kepada pemohon bernama ....No K.p / Passport ..... dan melepaskan pihak Hospital dari sebarang tindakan perundangan yang berkaitan dengannya.
I hereby authorize the hospital to issue a medical report to the named applicant .... Ic.No / Passport: ..... And discharge the Hospital from any legal action in relation thereto.

Tanda tangan / cop jari pesakit : .....
Sign / Thumb print

Nama Pesakit / Waris : .....
Patient's Name / Beneficiary

No. KP / Ic No/*Passport/Others* : .....

Tarikh - Date : .....

F) Untuk Kegunaan Pejabat Rekod Perubatan

Tandatangan

Nama Saksi/Cop Rasmi :.....

Jawatan :.....

Tarikh :.....

Nota : Wakil yang hadir untuk mengambil laporan bagi pihak pemohon perlu mempunyai **Surat Turun Kuasa**
Note : *Representatives who are present to take a report on behalf of the applicant must have **Authorized from Applicant***

G) Akuan Penerimaan Resit – *Acknowlegement of receipt*

Saya mengaku menerima resit pembayaran bagi permohonan laporan perubatan dan tidak akan membuat sebarang tuntutan kehilangan resit kepada pihak Hospital Kuala Lumpur. – *I declare to accept a payment for a medical report request and will not make any claim for loss of receipt to the Hospital Kuala Lumpur*

Tandatangan / *Sign* : .....

Nama / *Name* : .....

No. Resit / *Receipt No* : .....

Tarikh Resit / *Receipt Dated* : .....

No. Daftar Permohonan .....

SENARAI SEMAK PERMOHONAN LAPORAN PERUBATAN

A. PESAKIT (sendiri) – *PATIENT*

1. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*
2. Salinan kad temujanji / discaj note / bil Hospital – *Copy Appointment Card /Discharge Note / Hospital Bill*
3. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh '90 dll) – *Related Form (Insurance/KWSP/PERKESO/'Buruh '90 etc)*
4. Bayaran - *Payment*

B.* IBU BAPA (pesakit berumur 18 tahun kebawah) – *PARENT (Patient below 18 years)

1. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*
2. Salinan Sijil Lahir Pesakit – *Copy of Patient Birth Certificate*
3. Salinan kad pengenalan ibu/bapa/penjaga yang sah - *Copy of valid parent Identity Card*
4. Salinan kad temujanji / discaj note / bil Hospital
   Copy Appointment Card /Discharge Note / Hospital Bill
5. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh '90 dll)
   Related Form (Insurance/KWSP/PERKESO/'Buruh '90 etc)
6. Bayaran - *Payment*

C. WAKIL PESAKIT / WARIS TERDEKAT (Suami Isteri, Anak, Adik beradik kandung)
– PATIENT REPRESENTATIVE / NEXT OF KIN (Husband Wife, Children, Biological Siblings)

1. Surat keizinan **ASAL** dari pesakit (menyatakan nama agen atau wakil)
   Original *Consent letter from patient (mention agent name or representative)*
2. Salinan kad pengenalan/passport pesakit – *Copy Identification/passport Patient*
3. Salinan kad pengenalan/pasport pemohon - *Copy Identification/passport Applicant*
4. Salinan kad temujanji / *discharge note* / bil hospital pesakit
   Copy Appointment Card / Discharge Note / Hospital Bill
5. Borang berkaitan (Insurans/KWSP/PERKESO/Buruh '90 dll)
   Related Form (Insurance/KWSP/PERKESO/'Buruh '90 etc)
6. Salinan kad pengenalan ibu/bapa/penjaga yang sah (Jika berkaitan)
   Copy of valid parent / guard Identity Car (If Applicable)
7. Salinan sijil nikah (jika berkaitan) – *Copy of married Certificate (If Applicable)*
8. Salinan sijil lahir (jika berkaitan) - *Copy of Birth Certificate (If Applicable)*
9. Perintah Makamah (jika berkaitan) – *Court Order (if Applicable)*
10. Salinan permit kubur / Sijil Kematian – *Copy of graves permit / death certificate (If Applicable)*
11. Bayaran - *Payment*

NOTA :

i) Borang KWSP, Insurans, PERKESO **TIDAK** disediakan. Sila dapatkan borang berkenaan di jabatan/agensi berkenaan.
*KWSP, Insurance , PERKESO form **NOT** provided. Kindly please get the form at the relevant department / agency*

ii) Wakil yang hadir untuk mengambil laporan bagi pihak pemohon perlu mempunyai **Surat Turun Kuasa**
*Representatives who are present to take a report on behalf of the applicant must have **Authorized from Applicant***

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