

Part I – Compulsory for all applications



INSTITUT JANTUNG NEGARA  
National Heart Institute

**For HIMS Office Use**

Doctor: .....

Secretary: .....

**MEDICAL REPORT APPLICATION FORM**

**A) Requestor's Particulars** \*(Please ✓ accordingly) Report done:  Post  Collect By Hand

Name : \_\_\_\_\_  
NRIC/Passport No.: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_ Email: \_\_\_\_\_

**B) Patient's Particulars**

Name : \_\_\_\_\_  
Contact No. : \_\_\_\_\_ Email: \_\_\_\_\_  
MRN : \_\_\_\_\_ NRIC/Passport No.: \_\_\_\_\_

**C) Medical Report Request \*( Please ✓ accordingly)**

- |   |  |
|---|--|
| <input type="checkbox"/> Full Medical Report (MYR 100)        | <input type="checkbox"/> Baitulmal / Zakat Form (FOC)                  |
| <input type="checkbox"/> Insurance Application Form (MYR 100) | <input type="checkbox"/> Patient Confirmation Letter (FOC)             |
| <input type="checkbox"/> EPF Health Withdrawal (MYR 50)       | <input type="checkbox"/> Hajj Appeal Letter (FOC)                      |
| <input type="checkbox"/> EPF Incapacitation Form (MYR 100)    | <input type="checkbox"/> Maid Support Letter (FOC)                     |
| <input type="checkbox"/> PERKESO Pencen ILAT (MYR 50)         | <input type="checkbox"/> Social Welfare Department Form (FOC)          |
| <input type="checkbox"/> Insurance Claim Form (MYR 50)        | <input type="checkbox"/> Referral Letter / Reply Letter - Doctor (FOC) |
| <input type="checkbox"/> Others. Please specify _____         |  |

**D) Payment Details**

As agreed, I include together the payment via **Cash / Cheque / Money Order / Postal Order / Online Banking** with the serial number \_\_\_\_\_ dated \_\_\_\_\_ issued to "Institut Jantung Negara Sdn. Bhd." with the amount of **Malaysian Ringgit (MYR)** \_\_\_\_\_ for the requested medical report(s).

**E) Consent From Patient (Patient 18 years old and above) / Next of kin (Patient has passed away) / Guardian (Patient under the age of 18)**

I hereby giving my consent for Institut Jantung Negara (IJN) to process and release my medical report as requested by the requestor. I will not use it against IJN under any legal circumstances with full knowledge that IJN complies with PDPA 2010.

.....  
Patient's / Next of Kin / Guardian's Signature or Thumbprint

.....  
Date

**F) Patient / Next of kin / Guardian Verification (For HIMS Office Use)**

- Consent given and aware that the requestor is requesting on behalf of the patient.  
 Agreed for completed medical report to be sent to / collected by the requestor.

Receipt No.: \_\_\_\_\_ Episode No.: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Staff's Name & Official Stamp