



INSTITUT JANTUNG NEGARA  
National Heart Institute

## MEDICAL REPORT APPLICATION FORM

GUIDELINE TO FILL	
For Patient	For Non Patient
1. Fill in Part <b>A, C, and E</b> . 2. If you prefer delivery by post/email, please fill in Part <b>D</b> .	1. Fill in Part <b>A, B, and C</b> . 2. If you prefer delivery by post/email, please fill in Part <b>D</b> . 3. Get the patient to sign in <b>Part E</b> . 4. If patient is deceased, please attach a copy of patient's <b>death certificate</b> .

FOR REQUESTOR TO FILL		
<b>PART A. PATIENT INFORMATION</b>		
Patient Name:	Patient MRN:	
Patient NRIC:	Patient Phone No:	
<b>PART B. REQUESTOR INFORMATION</b>		
Category:	<input type="checkbox"/> Next of Kin <input type="checkbox"/> Agent <input type="checkbox"/> Court <input type="checkbox"/> PDRM <input type="checkbox"/> KKM <input type="checkbox"/> Others:.....	
Requestor Name:	Requestor NRIC:	Requestor Phone No:
<b>PART C. MEDICAL REPORT TYPE (Refer Appendix A)</b>		
1. Medical Report (Free Format):	<input type="checkbox"/> FMCA <input type="checkbox"/> FMCB <input type="checkbox"/> FMCC <input type="checkbox"/> FCC <input type="checkbox"/> FCA	
2. Medical Report (Predefined Format):	<input type="checkbox"/> APSC <input type="checkbox"/> APSSR <input type="checkbox"/> ICFC <input type="checkbox"/> ICFSR <input type="checkbox"/> EFPI <input type="checkbox"/> EPFWH <input type="checkbox"/> SOCSO <input type="checkbox"/> FCW <input type="checkbox"/> FCH	
3. Medical Report (Miscellaneous) :	<input type="checkbox"/> COR <input type="checkbox"/> CCD	
4. Additional Charges:	<input type="checkbox"/> ACAF <input type="checkbox"/> ACSC <input type="checkbox"/> ACE <input type="checkbox"/> ACPP <input type="checkbox"/> ACPE <input type="checkbox"/> ACPI	
	Total Fee:	
<b>PART D. DELIVERY INFORMATION</b>		
Mailing Address:	Email Address:	

FOR PATIENT TO SIGN	
<b>PART E. CONSENT (Refer Appendix B)</b>	
1. I hereby declare and confirm that the information given above is accurate and true.	
2. I agree that only the representative's name appear in the authorization letter can claim the report on my behalf.	
3. I hereby release Institut Jantung Negara (IJN) and its employees from all possible legal responsibilities arising out of this content.	
Patient/Next of Kin Signature, Name, Date & Time:	<input type="checkbox"/> Consent provided/given separately

FOR HIMS USE ONLY	
<b>Part F. Payment Acknowledgement</b>	
Payment Method:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> E-Wallet <input type="checkbox"/> Online Banking
Payment Reference No:	
Episode No:	Staff Signature, Name, Date & Time:
Receipt No:	
Receipt Date:	
<b>Part G. Consent Verification</b>	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Patient/Next of Kin matched registry <input type="checkbox"/> Called and verified with patient/Next of Kin	Staff Signature, Name, Date & Time (if applicable):
<b>Part H. Secretary Acknowledgement</b>	
Assigned Doctor:	Secretary Signature, Name, Date & Time:

Appendix A				
MEDICAL REPORT FEES				
No	Description	Code	MR Fee (RM)	(√)
<b>Medical Report (IJN Format)</b>				
1	Full medical report by Consultant/Specialist - Medical Report without examination & latest patient	FMCA	200	
2	Full medical report by Consultant/Specialist - Medical report latest patient condition with opinion regarding patient condition	FMCB	250	
3	Full medical report by Consultant /Specialist - Medical report for Second Opinion ( <b>Non IJN Patient</b> )	FMCC	570	
4	Correspondence letter	FCC	FOC	
5	Authority Government bodies (PDRM, MOH, Court)	FCA	FOC	
<b>Medical Report ( Form prepared by external party)</b>				
6	Attending Physician Statement Form by Consultant	APSC	150	
7	Attending Physician Statement Form by Specialist	APSSR	100	
8	Insurance Claim Form by Consultant	ICFC	150	
9	Insurance Claim Form by Specialist	ICFSR	100	
10	EPF Incapacitation	EPFI	100	
11	EPF Health Withdrawal	EPFW	50	
12	SOCSSO	SOCSSO	50	
13	Welfare / Baitulmal / Zakat form	FCW	FOC	
14	Haji Appeal letter	FCH	FOC	
<b>Medical Report (Miscellaneous)</b>				
15	Copy of Report (i.e. Referral letter, medical report, MC, investigation report, discharge summary)	COR	10	
16	Copy of CD (i.e. Angiogram, ECHO)	CCD	18	
<b>Additional Charges</b>				
17	Administration Fees ( <b>Applicable for above MR Request for item 1-3 and 6-12</b> )	ACAF	20	
18	Self Collect	ACSC	FOC	
19	Email	ACE	FOC	
20	Postage - Peninsular Malaysia	ACPP	10	
21	Postage - East Malaysia	ACPE	16	
22	Postage - International	ACPI	Subject to courier charges	

Appendix B	
NOTICE AND CONSENT UNDER THE PERSONAL DATA PROTECTION ACT 2010	
The Personal Data Protection Act 2010 (hereinafter referred to as "the Act"), which regulates the processing of personal data in commercial transactions, applies to Institut Jantung Negara Sdn. Bhd. and its subsidiaries (collectively referred to as "our", "us" or "we"). For the purposes of this	
Notice and Consent Under the PDPA 2010 – Point No. 10	
"10. If you give us personal data or information about another person, you must first confirm that he/she has appointed you to act for him / her, to consent to the processing of his/her personal data and to receive on his/her behalf any data protection notices. We may request your assistance to procure the consent of such persons whose personal data is provided by you to us and you agree to do so. You shall indemnify us in the event we suffer any loss or damage as a result of your failure to comply with the same."	