



# MEDICAL REPORT APPLICATION FORM

HIM-PMR-H01

\*Please refer to next page for guideline on how to fill in the form.

INSTITUT JANTUNG NEGARA  
National Heart InstituteRequester:  Patient  Representative**Part A. Patient Detail**

Patient Name:	MRN:
NRIC:	Phone No:

**Part B. Representative Detail**

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: .....
Representative Name: NRIC: Phone No:

**Part C. Application Detail**

No	Description	Fee (RM)	(√)
<b>Full Medical Report</b>			
Purpose: <input type="checkbox"/> Personal <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Second Opinion <input type="checkbox"/> Others: .....			
Content: <input type="checkbox"/> Default			
<ul style="list-style-type: none"> <li>• Patient identification data</li> <li>• Treatment</li> <li>• Brief history</li> <li>• Diagnosis</li> <li>• Results of investigations</li> <li>• Management plan</li> <li>• Dates and time of admission or treatment</li> <li>• Significant examination findings</li> </ul>			
<input type="checkbox"/> With doctor's opinion: .....			
1.	Full medical report by Consultant	200	
2.	Full medical report by Consultant - with doctor's opinion	250	
3.	Full medical report by Consultant - with second opinion for non-IJN patient	570	
4.	Full medical report by Clinical Specialist	100	
5.	Full medical report requested by Authority/Government Agencies (PDRM, MOH, Court)	FOC	
6.	Others: <input type="checkbox"/> Patient confirmation letter <input type="checkbox"/> Referral letter <input type="checkbox"/> Reply letter (as per attached)	FOC	
<b>Medical Report (Form prepared by external party)</b>			
7.	Attending Physician Statement Form by Consultant	120	
8.	Attending Physician Statement Form by Clinical Specialist	100	
9.	Insurance Claim Form by Consultant	100	
10.	Insurance Claim Form by Clinical Specialist	80	
11.	EPF Incapacitation	100	
12.	EPF Health Withdrawal	50	
13.	SOCSO	50	
14.	Others: <input type="checkbox"/> Hajj Appeal Letter/ Hajj book <input type="checkbox"/> Baitulmal form <input type="checkbox"/> Welfare form <input type="checkbox"/> Zakat Form	FOC	
<b>Copy of Report</b>			
15.	<input type="checkbox"/> Referral Letter <input type="checkbox"/> Investigation Report <input type="checkbox"/> Discharge Summary <input type="checkbox"/> MC <input type="checkbox"/> Others: ..... <input type="checkbox"/> Blood Test <input type="checkbox"/> Operation Report <input type="checkbox"/> ECHOCardiogram <input type="checkbox"/> ECG .....	10 per unit	
<b>Administration Fee</b>			
16.	Administration Fees (Applicable only to Item 1 - 4 and 7 - 13)	20	
<b>Collection/Delivery Preference</b>			
17.	<input type="checkbox"/> Self-collect <input type="checkbox"/> Email <input type="checkbox"/> Post (Peninsular MY) <input type="checkbox"/> Post (East MY) <input type="checkbox"/> Post (International) RM10 RM16 subject to courier charges		
		<b>Total</b>	

**For HMS use**

Assigned Doctor:	Secretary Signature, Name, Date & Time:
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INSTITUT JANTUNG NEGARA  
National Heart Institute

#### Part D. Delivery Detail

Email:	.....
Mailing Address:	..... .....
Postcode:	..... City: .....
State:	.....

#### Part E. Consent by Patient/Next of Kin

##### 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, the terms "personal data" and "processing" shall have the same meaning as prescribed in the Act.

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."

- I hereby declare and confirm that the information given above is accurate and true.
- I agree that only the representative's name appear in the authorization letter can claim the report on my behalf.
- 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
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#### For HIMS Use

##### Payment Acknowledgement

Payment Method:  Not Applicable  Cash  Credit  Debit  E-Wallet  Online Banking

Payment Reference No:

Episode No:	Staff Signature, Name, Date & Time:
Receipt No:	
Receipt Date:	

##### Consent Verification

<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):
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#### How to fill the form

◆ If you are IJN patient:	<ol style="list-style-type: none"> <li>Fill in Part <b>A, C</b> and <b>E</b>.</li> <li>If you prefer delivery by post/email, please fill in Part <b>D</b>.</li> </ol>
◆ If you are patient's representative:	<ol style="list-style-type: none"> <li>Fill in Part <b>A, B, C</b> and <b>E</b>.</li> <li>Get the patient or registered next of kin to sign in Part <b>E</b>.</li> <li>If you prefer delivery by post/email, please fill in Part <b>D</b>.</li> <li>If patient is deceased, please attach a copy of patient's death certificate.</li> </ol>