



MEDICAL REPORT APPLICATION FORM

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

2. Full medical report by Consultant - with doctor's opinion 3. Full medical report by Consultant - with second opinion for non-IJN patient 4. Full medical report by Clinical Specialist 570 4. Full medical report by Clinical Specialist 570 5. Full medical report requested by Authority/Government Agencies (PDRM, MOH, Court) 5. Full medical report requested by Authority/Government Agencies (PDRM, MOH, Court) 6. Others: Patient confirmation letter Referral letter Reply letter (as per attached) 6. Others: Patient confirmation letter Referral letter Reply letter (as per attached) 6. Others: Patient confirmation letter Referral letter Reply letter (as per attached) 6. Others: Patient Confirmation letter Referral letter Reply letter (as per attached) 6. Others: Patient Confirmation letter Referral letter Reply letter (as per attached) 7. Attending Physician Statement Form by Consultant 7. Attending Physician Statement Form by Consultant 8. Attending Physician Statement Form by Consultant 8. Attending Physician Statement Form by Clinical Specialist 8. Attending Physician Statement Form by Cli	National Heart Institute		Requester: Patier	nt 🗆 Repres	entative			
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Part C. Application Detail Representative Name: NRIC: PDRM KKM Others: Phone No: Part C. Application Detail NRIC: Phone No: Phone No: Part C. Application Detail NRIC: Phone No: Phone No: Part C. Application Detail NRIC: Phone No: Phone No: Part C. Application Detail NRIC: Phone No: Phone No: Part C. Application Detail NRIC: Phone No: Phone No: Phone No: Part C. Application Detail NRIC: Phone No: Phone No: Peec No. Part C. Application Detail NRIC: Phone No: Ph								
Representative Name:	NRIC: Phone No:							
Part C. Application Detail	□ Part B. Representative Detail							
Part C- Application Detail No Description	Category: Next of Kin Agent	Court PDRM KKM Othe	rs:					
Description Fee (RM) (x)	Representative Name:	NRIC:	Phone No:					
Description Fee (RM) (x)								
Description Fee (RM) (x)	□ Part C Application Detail							
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Purpose: Personal Insurance Legal Second Opinion Others:	<u> </u>			r cc (ruii)	(7)			
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Assigned Doctor: Secretary Signature, Name, Date & Time:	For HIMS use							



☐ Part D. Delivery Detail					
Email:					
Mailing Address:					
Postcode:		City			
		City:			
State:					
☐ Part E. Consent by Patient/Next of Ki	n				
PERSONAL DATA PROTECTION ACT 2	010				
transactions, applies to Institut Jantung N	egara Sd	,	s the processing of personal data in commercial d to as "our", "us" or "we"). For the purposes of this le Act.		
Notice and Consent Under the PDPA 201	0 – Point	No. 10			
consent to the processing of his/her pers procure the consent of such persons who suffer any loss or damage as a result of yo	onal data ose perso our failure	and to receive on his/her behalf any data prot nal data is provided by you to us and you agre to comply with the same."	t he/she has appointed you to act for him / her, to ection notices. We may request your assistance to e to do so. You shall indemnify us in the event we		
I hereby declare and confirm that the ir					
		ear in the authorization letter can claim the repor	•		
		nd its employees from all possible legal respons	T		
Patient/Next of Kin Signature, Name, Date & Time:			□ Consent provided/given separately		
For HIMS Use					
Payment Acknowledgement					
Payment Method: Not Applicable	□ Cash	☐ Credit ☐ Debit ☐ E-Wallet ☐ Online B	Banking		
Payment Reference No:					
Episode No:		Staff Signature, Name, Date & Time:			
Receipt No:					
Receipt Date:					
Consent Verification					
□ Not Applicable S		Staff Signature, Name, Date & Time (if applicable):			
Patient/next of kin matched registry					
☐ Called and verified with patient/next of	kin				
How to fill the form					
♦ If you are IJN patient:		Fill in Part A , C and E .			
	2. If yo	ou prefer delivery by post/email, please fill in Par	t D.		
♦ If you are patient's representative:	♦ If you are patient's representative: 1. Fill in Part A, B, C and E.				
		he patient or registered next of kin to sign in Part E .			
		3. If you prefer delivery by post/email, please fill in Part D .			
4. If patient is deceased, please attach a copy of patient's death certificate.					