HPJ/RKD/003A
Rev 5.0

APPLICATION FORM FOR MEDICAL REPORT / AUTOPSY REPORT
MEDICAL RECORD DEPARTMENT
HOSPITAL PUTRAJAYA

1. Applicant's Details			
Applicant's name :			
*NRIC/ Passport number :			
Relationship with Patient/ Deceased :			
Corresponding address :			
Telephone number (Home) :		Telephone number (HP):	
2. Patient's/ Deceased Details		**(Note: Please tick (✓) in place of marked #)**	
*Patient's name/ Deceased :			
MRN:	NRIC number (New) :	(Old) :	Passport number :
(#)Gender : ☐ Male ☐ Female		Age :	*Clinic/ Ward :
*Date of treatment in Clinic/ Date of admission :			
*Date of discharge/ Date of death / Date of autopsy :			

3. Type of Medical Report		**(Note: Please tick (✓) in the related box)**	
i. Normal Medical Report	☐	vi. SOCSO Form	☐
ii. Brief Specialist Report	☐	vii. EPF Form	☐
iii. Detail Specialist Report	☐	viii. Labor 90 Form	☐
iv. Autopsy Report	☐	ix. Sara ubat + Memo (JPA)	☐
v. Insurance Form	☐		

4. Payment Details (if required)

* Attached with number of cheque/ credit card number ………………………….. / money order/ cash total RM …………… for medical report payment.

5. Patient's/ Relative Consent (Note: * Slash of if not related)

I authorize the hospital to issue the medical report named in the *patient/ deceased information above to my representative ………………………………………………………………………………………………

*NRIC/ Passport no: ……………………………………………..

I hereby release the hospital from any legal action related to it.

*Signature/ thumbprint : ……………………………….

*Patient's name/ relative : ……………………………..

NRIC/ Passport no : ………………………………………..

Date : ……………………………….

Signature : ……………………………………….

Witness : …………………………………………..

NRIC no: ………………………………………….

Date : …………………………..

☐ Please tick (✓) for any letter authorization brought by the representative

6. For Office Use (Note: Please tick (✓) in place of marked #)

Signature : ……………………………………………

Name of staff : ……………………………………..

Date : …………………………..

Receipt number : ………………………..

Date of receipt :………………………..

(#)Complete medical report: ☐ Self collect

Collector Details

Name:

NRIC no:

Date:

Signature:

☐ Postage