

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

1. Applicant's Details	
Applicant's Name	
NRIC No / Passport Number	
Relationship With Patient / Deceased	
Corresponding Address	
Tel Number	
2. Patient's Name / Deceased	
*Patient's Name / Deceased	
Registration Number (MRN)	
NRIC No / Passport	
*Name of Clinic / Ward	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Date of treatment in Clinic:	
*Date of admission:	
*Date of death / Autopsy:	
3. Type Of Medical Report (Please tick (√) in the related box)	
i. Normal Medical Report	vi. Labour 90 Form
ii. Insurance Form	vii. Brief Specialist Report
iii. SOCSO Form	viii. Detail Specialist Report
iv. EPF Form	ix. Saraubat + Memo (JPA)
v. Autopsy Report	
x. Others (Please state).....	
4. Payment Details	
*Attached with number of cheque / credit card number...../ money order / cash total RM.....for medical report payment.	

* Fill the information or slash of if not related..

5. Application Confirmation

.....
(Applicant's Signature)
NRIC No:

6. Patient's Consent / Relative

I,....., NRIC No / Passport....., hereby authorize Hospital Putrajaya to issue my / child's / parent's / spouse's / medical report on the treatment at Hospital Putrajaya on.....to.....(receiving party)

And hereby release Hospital Putrajaya and it's staff from any legal liabilities that may arise from the act hereby authorized.

*Signature / Thumprint :..... Signature Witness:.....

*Patient's Name / Next of Kin :..... Name :.....

NRIC No / Passport No..... NRIC No / Passport No.....

Date :.....

7. For Office Use

Receipt Number:.....

Date of Receipt:.....

Signature:.....

Name of Staff:.....

Date:.....

(#)Compete Medical Report Postage Self Collect

#Please tick (√) in the related box.

*Fill the information or slash of if not related.