

**SENARAI SEMAK DOKUMEN
PERMOHONAN LAPORAN PERUBATAN/LAPORAN BEDAH SIASAT**

A. PERMOHONAN OLEH PESAKIT	
1.	Salinan Kad Pengenalan/Pasport
2.	Salinan Kad Rawatan Pesakit
3.	Resit Bayaran (mengikut jenis permohonan)
4.	Borang berkaitan (Insurans,PERKESO,KWSP)
B. PERMOHONAN OLEH IBU BAPA/PENJAGA (pesakit berumur 18 tahun ke bawah)	
1.	Salinan Sijil Kelahiran
2.	Salinan Kad Pengenalan ibu/bapa/penjaga
3.	Salinan Kad Rawatan Pesakit
4.	Bayaran (mengikut jenis permohonan)
5.	Borang berkaitan (Insurans,PERKESO,KWSP)
C. PERMOHONAN OLEH AGEN/WAKIL	
1.	Surat Keizinan Asal pesakit/waris (menyatakan nama agen/wakil/pemohon)
2.	Salinan Kad Pengenalan/Pasport pesakit/waris
3.	Salinan Kad Pengenalan pemohon/ agen/wakil
4.	Salinan Kad Rawatan Pesakit
5.	Salinan Sijil Kelahiran (pesakit berumur 18 tahun ke bawah)
6.	Bayaran (mengikut jenis permohonan)
7.	Borang berkaitan (Insurans,PERKESO,KWSP)
D. PERMOHONAN OLEH WARIS (suami, isteri, ibubapa, anak, adik beradik)	
1.	Surat Keizinan Asal pesakit/ waris terdekat (menyatakan nama pemohon/waris)
2.	Salinan Kad Pengenalan pesakit
3.	Salinan Kad Pengenalan pemohon/waris
4.	Salinan Kad Rawatan Pesakit
5.	Salinan Sijil Nikah/Kahwin
6.	Salinan Sijil Kelahiran
7.	Surat Akuan Sumpah/ Surat Perintah Mahkamah (jika berkaitan)
8.	Salinan Permit Kubur/Sijil Kematian jika pesakit meninggal dunia
9.	Bayaran (mengikut jenis permohonan)
10.	Borang berkaitan (Insurans,PERKESO,KWSP)

**CHECKLIST FOR MEDICAL REPORT / AUTOPSY REPORT
APPLICATIONS**

A. APPLICATION BY THE PATIENT	
1.	Copy of Identity Card / Passport
2.	Copy of Patient Treatment Card
3.	Payment Receipt (by application type)
4.	Related forms (Insurance, SOCSO, EPF)
B. APPLICATION BY PARENT / CAREER (patients 18 years and under)	
1.	Copy of Birth Certificate
2.	Copy of Parent/Guardian Identity Card/Passport
3.	Copy of Patient Treatment Card
4.	Payment Receipt (by application type)
5.	Related forms (Insurance, SOCSO, EPF)
C. APPLICATION BY AGENT / APPLICANT	
1.	Patient / beneficiary Original Consent Letter (stating the name of the agent/representative / applicant)
2.	Copy of Identity Card /Passport from Patient & representative
3.	Copy of the Identity Card of the applicant/agent/representative
4.	Copy of Patient Treatment Card
5.	Copy of Birth Certificate (patients under 18)
6.	Payment Receipt (by application type)
7.	Related forms (Insurance, SOCSO, EPF)
D. APPLICATION BY FAMILY MEMBERS (husband, wife, parents, children, siblings)	
1.	Patient/beneficiary Original Authorization Letter (stating the name of the applicant / beneficiary)
2.	Copy of Patient Identity Card
3.	Copy of Applicant / Beneficiary Identification Card
4.	Copy of Patient Treatment Card
5.	Copy of Marriage Certificate
6.	Copy of Birth Certificate
7.	Statutory Declaration / Court Order Letter (if applicable)
8.	Copy of Burial Permit / Death Certificate if the patient dies
9.	Payment Receipt (by application type)
10.	Related forms (Insurance, SOCSO, EPF)