



APPLICATION FOR MEDICAL REPORT/AUTOPSY REPORT

1. Applicant Information			
Name of Applicant :			
*IC No / Passport :		Relationship to patient :	
Address :			
Telephone (Home) :		(Hand-phone) :	
2. Information on patient / Deceased (Note: Please tick (✓) in areas marked #)			
*Name of patient / deceased :			
MRN:	IC No. (New) :	(Old) :	Passport No:
(#)Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Age :		*Clinic / Ward :
*Date of commencement of treatment at Specialist Clinic /Date of admission :			
*Date of discharge / death /date of autopsy :			
3. Report requested (Note: Please tick (✓) in the box provided)			
i. Brief report / opinion prepared by Medical Officer <input type="checkbox"/>			
ii. Brief report / opinion prepared by Specialist <input type="checkbox"/>			
iii. Comprehensive report prepared by Specialist <input type="checkbox"/>			
iv. Other report, specify <input type="checkbox"/>			
..... <input type="checkbox"/>			
4. Details Payment			
* Cheque enclosed are numbered / Credit Card No/ Money Order / Postal Order / Cash RM (Ringgit Malaysia) for the payment of medical report.			

5. Consent from patient / beneficiary

I authorize the hospital to issue a medical report of (*myself / patient / deceased)
to my representative * IC No /Passport No:
I hereby release the hospital from any legal action connected therewith.

*Signature / Thumb print: Signature

*Patient name / Beneficiary: Witness:.....

IC No : Name :

Date : IC No:

Please mark (/) if consent letter
is brought by representative.

6. For official use: (Note: Please tick (✓) in areas marked with #)

Signature: Receipt No:
Name of staff in charge:..... Receipt date:.....
Date:.....

^(#)Report completed : To post To personally collect

(Note: * Delete whichever is not applicable)