SALAM SENAWANG SPECIALIST HOSPITAL No.234-243,Jalan Lavender Heights 2, Lavender Business Square,70450 Senawang,N.S. Tel : 06-675 1188 Fax : 06-675 9001	Date	Reference No.

CONSENT OF APPLICATION FOR MEDICAL REPORT

APPLICATION PARTICULARS

Applicant Name	
NRIC / Passport No.	
Relationship with Patient	
Current Address	
Purpose of application	
Contact No.	☐ Call ☐ WhatsApp

PATIENT PARTICULARS

Patient Name			
NRIC / Passport No.		**MRN**	
Admission Date			
Discharge Date			
Consultant / Doctor's Name			

MEDICAL REPORT FEE SCHEDULE

No	Types of Medical Report	Fee	(√)
1	Insurance Form Specialist/Medical Officer	RM80	
2	SOCSO/Perkeso/ KWSP Report	RM80	
3	Full Report Specialist	RM150	
4	Full Report Medical Officer	RM100	
5	Medico Legal Report Specialist	RM300	
6	Medico Legal Report Medical Officer	RM150	
7	Explanation (Clarification) Report/Correction	FOC	
8	Medical Report by Government (Police, Military, Government Dept & etc)	FOC	

I shall not demand or claim against SALAM Senawang Specialist Hospital for any legal actions which may arise from the act hereby authorized

PATIENT	NEXT OF KIN
Signature : ----------	Signature : ----------
Name : ----------	Name : ----------
Date : ----------	Date : ----------

The next of kin's signature is required for patients who have deceased or are under 18 years of age, or patients who are mentally and physically incapacitated

FOR OFFICE USE	COLLECTED BY
Remarks : ----------	Signature : ----------
Receipt No : ----------	Name : ----------
Receipt Date : ----------	Date : ----------