PERMOHONAN PERBELANJAAN KEMUDAHAN PERUBATAN
DI BAWAH PEKELILING PERKHIDMATAN BILANGAN 21 TAHUN 2009

RAWATAN KECEMASAN DI HOSPITAL/ KLINIK SWASTA

Arahan:
i. Maklumat hendaklah dilengkapkan dengan **jelas** dan menggunakan **huruf besar**.
ii. Sila rujuk **panduan** yang disediakan bagi butiran yang berkaitan.

BAHAGIAN I

Butiran Diri Pegawai/ Pesara

1. Nama Penuh (*seperti dalam kad pengenalan/ pasport*)

N	O	O	R	H	I	S	H	A	M		B	I	N		M	O	H	D			
A	L	W	I																		

2. No. Kad Pengenalan/ Pasport

6	0	0	2	1																	

3. Skim Perkhidmatan/ Gred: PEGAWAI PERUNDING KANAN

4. Pegawai Di Bawah SSB/ ~~SSM~~: [✓] Ya [ ] Tidak

Butiran Diri Pesakit (*sekiranya pesakit **bukan** pegawai/ pesara*)

5. Nama Penuh (*seperti dalam kad pengenalan/ pasport/ sijil kelahiran*)

P	A	U	2	I	A	H		H	A	N	U	M		B	I	N	T	I			
A	B	D	U	L		S	H	A	M	I											

6. No. Kad Pengenalan/ Pasport/ Sijil Kelahiran

5	9	0	8	0	1	0	8	5	9	6	8										

7. Hubungan Pesakit Dengan Pegawai/ Pesara: [ ][ ]

8. Maklumat Tambahan Bagi Anak
   i. Umur: [6][2] tahun [ ][ ] bulan
   ii. Daif: [ ] Ya [ ] Tidak
   iii. Masih Bersekolah: [ ] Ya [ ] Tidak

BAHAGIAN II

Butiran Rawatan Dan Tuntutan Perbelanjaan

9. Nama & Alamat Hospital/ Klinik Swasta:
HOSPITAL PUSRAWI SDN BHD
LOT 149, JALAN TUN RAZAK
50400 KUALA LUMPUR

10. Kategori Tuntutan
   i. [ ][ ]
   ii. [ ][ ]
   iii. [ ][ ]

11. Senarai Tuntutan (*sila gunakan lampiran sekiranya perlu*)

Bil.	Nama Ubat/ Alat/ Perkhidmatan Perubatan/ Rawatan	No. Rujukan Dokumen Kewangan	Harga (RM)
1.0	HOSPITAL CHARGES	B0016880 95	14,455.45
2.0	ALAT PERUBATAN	A106/2022	6,200.00

12. Tarikh/ Masa Dimasukkan Ke Hospital/ Klinik Swasta: 9/12/2022 / 10/12/2022
13. Tarikh/ Masa Keluar Dari Hospital/ Klinik Swasta: ____ / ____
14. Tarikh/ Masa Pembedahan/ Rawatan Kecemasan: ____ / ____
15. Tarikh Rawatan Pemulihan (*rawatan di wad biasa*): ____ *hingga* ____
(*tarikh mula*) (*tarikh akhir*)

16. Kelas Wad Semasa Menerima Rawatan Di Hospital Swasta: [ ][ ]

BAHAGIAN III

Butiran Kejadian Kecemasan (*sila gunakan lampiran sekiranya perlu*)

17. Tarikh/ Masa Kejadian Kecemasan 9/12/2022 /

18. Tempat/ Alamat Semasa Berlaku Kecemasan
HOSPITAL PUSRAWI SDN BHD
LOT 179, JALAN TUN RAZAK
50400 KUALA LUMPUR

19. Jarak Dengan Hospital/ Klinik Kerajaan Terhampir
[ ][ ][1][7] km

20. Jarak Dengan Hospital/ Klinik Swasta
[ ][ ][1][6] km

21. Kronologi Kes (*urutan peristiwa berlaku kecemasan sehingga pesakit keluar daripada hospital/ klinik swasta*)

Tarikh/ Masa	Tempat	Peristiwa
9/12/2022	HOSPITAL PUSRAWI	DIMASUKKAN KE WAD PUSRAWI UNTUK PROSEDUR ANGIOPLASTY

22. Justifikasi Permohonan
Prosidur jantung perlu dilakukan kerana terdapat blockage 90% di saluran utama

23. Dokumen Sokongan Yang Disertakan

[✓] Laporan Klinikal Hospital/ Klinik Swasta
[ ] Laporan Polis (*kes kemalangan/ jenayah*)
[✓] Dokumen Kewangan (*contoh: resit, invois, sebut harga atau dokumen kewangan lain yang berkaitan*)
[✓] Lain-lain Dokumen (*sekiranya perlu*)

BAHAGIAN IV

24. Pengesahan Pegawai/ Pesara

"Saya dengan ini mengesahkan bahawa maklumat sebagaimana yang dinyatakan di **Bahagian I, Bahagian II dan Bahagian III** di atas adalah **benar** belaka. Berkaitan itu, saya memohon supaya perbelanjaan bagi maksud kemudahan perubatan yang diperolehi sebanyak RM 20,655.45 adalah ditanggung oleh Kerajaan."

Tandatangan _____ Tarikh 27/12/2022

(NOORHISHAM BIN MOHD ALWI)
(nama penuh)

BAHAGIAN V

25. Pengesahan Dan Keputusan Ketua Jabatan

"Saya dengan ini mengesahkan bahawa permohonan pegawai/ pesara mematuhi syarat-syarat dan peraturan-peraturan sebagaimana yang ditetapkan dalam Perintah Am Bab F Tahun 1974 dan Pekeliling Perkhidmatan Bilangan 21 Tahun 2009. Berkaitan itu, permohonan perbelanjaan bagi maksud kemudahan perubatan yang diperolehi sebanyak RM _____ adalah *DILULUSKAN / TIDAK DILULUSKAN."

Nama & Cop Rasmi

Tandatangan _____

(_____)
(nama penuh)

Jawatan _____

Tarikh _____

* *potong mana yang tidak berkenaan*

هوسڤيتل ڤوسراوي سندريرين برحد
HOSPITAL PUSRAWI SDN BHD (112757-U)
(Dimiliki sepenuhnya oleh Majlis Agama Islam Wilayah Persekutuan)
MAIWP
Lot. 149, Jalan Tun Razak, 50400 Kuala Lumpur. Tel: Fax:
http://www.pusrawi.com.my email: adm@pusrawi.com.my

Payor :
PAUZIAH HANUM BT ABDUL GHANI
29 JLN SRI PETALING 13, SERI PETALING
57000 KUALA LUMPUR
WILAYAH PERSEKUTUAN

TAX INVOICE
GST No: 001621000192
INPATIENT BILL

PAGE NO.	: 1 of 2
BILL NO.	: B001688095
BILL DATE	: 12/12/2022 09:58:56
ADM. DATE	: 09/12/2022 10:53:00
DISCH. DATE	: 10/12/2022 15:00:00
PATIENT NO.	: M000121508
EPISODE NO.	: IP00273544
PATIENT'S IC	: 590801085968
GUARANTOR IC	:
STAFF NO.	:
PANEL CODE	:
EXPIRE DATE	:
BATCH DATE	:

PATIENT NAME	: PAUZIAH HANUM BT ABDUL GHANI
GUARANTOR	:
HOSPITAL PUSRAWI	: JALAN TUN RAZAK
G/LETTER NO.	:
EFFECTIVE DATE	:
LENGTH OF STAY	: 1 day(s)

DESCRIPTION	Amount (RM)	Discount (RM)	Total (RM)
HOSPITAL CHARGES			
BILIK EMPAT KATIL @ RM95	95.00	4.75	90.25
CARDIAC NURSING PROCEDURE	1,040.00	0.00	1,040.00
DISPOSABLE ITEMS	1,814.65	0.00	1,814.65
NURSING PROCEDURE	300.00	0.00	300.00
PENGGUNAAN PERALATAN	1,430.00	0.00	1,430.00
PERKHIDMATAN MAKMAL	100.00	2.00	98.00
PERKHIDMATAN PENDAFTARAN	30.00	0.00	30.00
PROSEDUR ALAT ECG	48.00	0.00	48.00
SUNTIKAN	92.05	0.00	92.05
THERAPEUTIC ITEMS	3,193.00	0.00	3,193.00
UBATAN	812.65	28.15	784.50
Sub total	8,955.35	34.90	8,920.45
DOCTOR'S CHARGES			
ANGIOPLASTY(K4910-SURGEON+ANAESTHETIST)			
YH. Dato' Dr Haji Azar Azman b Abu Bakar	3,600.00	0.00	3,600.00
ECG			
YH. Dato' Dr Haji Azar Azman b Abu Bakar	80.00	0.00	80.00
PERUNDINGAN/CONSULTATION			
YH. Dato' Dr Haji Azar Azman b Abu Bakar	390.00	0.00	390.00
PROSEDUR ANGIOGRAM(K6510-SURGEON+ANAESTHETIST)			
YH. Dato' Dr Haji Azar Azman b Abu Bakar	1,465.00	0.00	1,465.00
Sub total	5,535.00	0.00	5,535.00
Total	14,490.35	34.90	14,455.45
Rounding Adjustment			0.00
Total Payable			**14,455.45**

Deposit	R002047273	09/12/2022	11:00:51	5,000.00
	R002047566	10/12/2022	14:59:19	9,455.45
Payment				
Less : Total Deposit / Payment				**14,455.45**

Notes:
1. This may not be a final bill unless you do not hear from us within fourteen (14) days
2. Cheque is payable to Hospital PUSRAWI Sdn. Bhd. BIMB account no. 14-014-01-004421-3
3. Please e-mail the payment vouchers (PV) / remittance advice to ukk@pusrawi.com.my
4. Please make the payment within 30 days.
5. Computer generated does not required any signature.

STAFF NAME : NORDIANA IKZAKOEN BT MOKHTAR
DATE PRINTED : 12/12/2022

هوسڤيتل ڤوسراوي سندريين برحد
HOSPITAL PUSRAWI SDN BHD (112757-U)
(Dimiliki sepenuhnya oleh Majlis Agama Islam Wilayah Persekutuan)
MAIWP
Lot. 149, Jalan Tun Razak, 50400 Kuala Lumpur. Tel: Fax:
http://www.pusrawi.com.my email: adm@pusrawi.com.my

Payor :

PAUZIAH HANUM BT ABDUL GHANI
29 JLN SRI PETALING 13, SERI PETALING
57000 KUALA LUMPUR
WILAYAH PERSEKUTUAN

TAX INVOICE
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STAFF NO.	:
PANEL CODE	:
EXPIRE DATE	:
BATCH DATE	:

PATIENT NAME	: PAUZIAH HANUM BT ABDUL GHANI
GUARANTOR	:
HOSPITAL PUSRAWI	: JALAN TUN RAZAK
G/LETTER NO.	:
EFFECTIVE DATE	:
LENGTH OF STAY	: 1 day(s)

DESCRIPTION	Amount (RM)	Discount (RM)	Total (RM)
TOTAL AMOUNT TO BE PAID / EXCESS			**0.00**

Notes:
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STAFF NAME : NORDIANA IKZAKOEN BT MOKHTAR
DATE PRINTED : 12/12/2022

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HOSPITAL PUSRAWI SDN BHD (112757-U)
(Dimiliki sepenuhnya oleh Majlis Agama Islam Wilayah Persekutuan)
MAIWP
Lot. 149, Jalan Tun Razak, 50400 Kuala Lumpur. Tel: Fax:
http://www.pusrawi.com.my email: adm@pusrawi.com.my

DETAILS INVOICE
INPATIENT TREATMENT BILL

Payor : PAUZIAH HANUM BT ABDUL GHANI
29 JLN SRI PETALING 13, SERI PETALING
57000 KUALA LUMPUR
WILAYAH PERSEKUTUAN

BILL NO. : B001688095
BILL DATE : 12/12/2022 09:58:56
ADM. DATE : 09/12/2022 10:53AM
DISCH. DATE : 10/12/2022 08:00PM
PATIENT NO. : M000121508
EPISODE NO. : IP00273544
PATIENT'S IC : 590801085968
GUARANTOR IC :
STAFF NO. :
PANEL CODE : CASH
EXPIRE DATE :
BATCH DATE :

PATIENT NAME : PAUZIAH HANUM BT ABDUL GHANI
GUARANTOR :
HOSPITAL PUSRAWI : JALAN TUN RAZAK
G/LETTER NO. :
EFFECTIVE DATE :
LENGTH OF STAY : 1 Day

DESCRIPTION	DATE	QTY	Amount (RM)	Discount (RM)	Total (RM)
BILIK 4 KATIL	09/12/2022	1.00	95.00		95.00
	BED		95.00	4.75	90.25
TERUMO RADIFOCUS INTRODUCER	09/12/2022	1.00	247.00		247.00
VISIPAQUE 320-100ML	09/12/2022	2.00	896.00		896.00
GUIDE WIRE ASAHI INTEC (RINATO	09/12/2022	1.00	950.00		950.00
GUIDING CATH. PB 3.0 SH 6F	09/12/2022	1.00	1100.00		1100.00
SURGICAL MASK (3 PLY)	09/12/2022	2.00	1.40		1.40
UNDERPAD-17X24	09/12/2022	1.00	2.00		2.00
CDR - GOLD	09/12/2022	1.00	14.00		14.00
ELECTRODE ADULT (CTE)	09/12/2022	4.00	9.60		9.60
GLOVE LATEX SIZE M	09/12/2022	4.00	2.40		2.40
HYGIENE SHEET	09/12/2022	1.00	10.50		10.50
DIAGNOSTIC CATH. TIGER 5F	09/12/2022	1.00	158.40		158.40
DISP ANGIO PACK (MITSU)	09/12/2022	1.00	950.00		950.00
GLOVE STERILE FP - 7.0	09/12/2022	1.00	11.35		11.35
GLOVE - (GAMMEX) 7.5	09/12/2022	1.00	8.10		8.10
INDEFLATOR SET	09/12/2022	1.00	560.00		560.00
CAP - NURSES	09/12/2022	2.00	5.20		5.20
EAR PROBE COVER PRO6000	10/12/2022	3.00	4.80		4.80
MEDI-ALCH. SWAB	10/12/2022	4.00	1.60		1.60
SURGICAL MASK (3 PLY)	10/12/2022	1.00	0.70		0.70
ELECTRODE ADULT (CTE)	10/12/2022	5.00	12.00		12.00
SYR 3CCX23GX11/4 W/NEEDLE	10/12/2022	1.00	1.60		1.60
CAP - NURSES	10/12/2022	1.00	2.60		2.60
PANTIES (MEN)	10/12/2022	1.00	11.40		11.40
VASOFIX SAFETY - 22	10/12/2022	1.00	19.80		19.80
IN-STOPPER NORMAL(SPIGOT)	10/12/2022	1.00	9.80		9.80
IV 3000-7CM X 9CM	10/12/2022	1.00	10.80		10.80
RAZOR BLADE DISP.	10/12/2022	1.00	6.60		6.60
	DISPOSABLE ITEMS		5007.65	0	5007.65
WITT SYSTEM-CV LAB	09/12/2022	1.00	585.00		585.00
PHILLIP FLUOROSCOPY-CV LAB	09/12/2022	1.00	585.00		585.00
WITT SYSTEM-CV LAB(RM100/HR)	09/12/2022	1.00	130.00		130.00
PHILLIP FLUOROSCOPY-CV LAB(RM1	09/12/2022	1.00	130.00		130.00
	EQUIPMENT		1430.00	0	1430.00

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STAFF NAME : NORDIANA IKZAKOEN BT MOKHTAR
DATE PRINTED : 12/12/2022

هوسڤيتل ڤوسراوي سنديرين برحد
HOSPITAL PUSRAWI SDN BHD (112757-U)
(Dimiliki sepenuhnya oleh Majlis Agama Islam Wilayah Persekutuan)
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http://www.pusrawi.com.my email: adm@pusrawi.com.my

DETAILS INVOICE
INPATIENT TREATMENT BILL

Payor : PAUZIAH HANUM BT ABDUL GHANI
29 JLN SRI PETALING 13, SERI PETALING
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WILAYAH PERSEKUTUAN

BILL NO. : B001688095
BILL DATE : 12/12/2022 09:58:56
ADM. DATE : 09/12/2022 10:53AM
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PATIENT NO. : M000121508
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STAFF NO. :
PANEL CODE : CASH
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BATCH DATE :

PATIENT NAME : PAUZIAH HANUM BT ABDUL GHANI
GUARANTOR :
HOSPITAL PUSRAWI : JALAN TUN RAZAK
G/LETTER NO. :
EFFECTIVE DATE :
LENGTH OF STAY : 1 Day

DESCRIPTION	DATE	QTY	Amount (RM)	Discount (RM)	Total (RM)
PENDAFTARAN WAD	09/12/2022	1.00	30.00		30.00
	GENERAL		30.00	0	30.00
RENAL FUNCTION TEST	10/12/2022	1.00	55.00		55.00
GLUCOSE (F/R)	10/12/2022	1.00	15.00		15.00
PANGGILAN MAKMAL	10/12/2022	1.00	20.00		20.00
PROSEDUR MAKMAL (SPECIMEN)	10/12/2022	1.00	10.00		10.00
	LABORATORY		100.00	2	98.00
CV LAB NURSING(ANGIOGRAM)	09/12/2022	2.00	400.00		400.00
REMOVAL SHEATH RADIAL	09/12/2022	1.00	40.00		40.00
CV LAB NURSING(ANGIOPLASTY)	09/12/2022	2.00	600.00		600.00
NURSING PROCEDURE	09/12/2022	1.00	150.00		150.00
NURSING PROCEDURE	10/12/2022	1.00	150.00		150.00
	NURSING		1340.00	0	1340.00
NORMAL SALINE IRRIGATION SOL 5	09/12/2022	2.00	21.50		21.50
LIPANTHYL PENT 145MG TAB.fenof	09/12/2022	2.00	17.40		17.40
GALVUS 50MG TAB (vildagliptin)	09/12/2022	3.00	17.40		17.40
JARDIANCE DUO 12.5/850MG TAB	09/12/2022	2.00	12.30		12.30
COZAAR 50MG TAB (losartan)	09/12/2022	1.00	8.05		8.05
ATOZET 10/40MG TAB ezetimibe+a	09/12/2022	1.00	13.50		13.50
TRAJENTA 5MG TAB- linagliptin	09/12/2022	2.00	18.20		18.20
ASPIRIN 100MG CAP (CASPRIN)	09/12/2022	2.00	1.40		1.40
BRILINTA 90MG TAB. ticagrelor	09/12/2022	3.00	42.90		42.90
ULTRACET 37.5MG TAB	09/12/2022	1.00	5.70		5.70
BRILINTA 90MG TAB. ticagrelor	09/12/2022	2.00	28.60		28.60
ASPIRIN 300MG TAB	09/12/2022	1.00	2.00		2.00
DORMICUM 5 MG/ML INJ. midazola	09/12/2022	1.00	28.05		28.05
XYLOCAINE 2%/ML INJ. 5ML.	09/12/2022	1.00	21.30		21.30
GALVUS 50MG TAB (vildagliptin)	10/12/2022	14.00	81.20		81.20
JARDIANCE DUO 12.5/850MG TAB	10/12/2022	14.00	86.10		86.10
COZAAR 50MG TAB (losartan)	10/12/2022	4.00	32.20		32.20
ATOZET 10/40MG TAB ezetimibe+a	10/12/2022	7.00	94.50		94.50
TRAJENTA 5MG TAB- linagliptin	10/12/2022	7.00	63.70		63.70
LIPANTHYL PENT 145MG TAB.fenof	10/12/2022	7.00	60.90		60.90

Cheque is payable to Hospital PUSRAWI Sdn. Bhd. BIMB account no. 14-014-01-004421-3
Please e-mail the payment vouchers (PV) / remittance advice to ukk@pusrawi.com.my

STAFF NAME : NORDIANA IKZAKOEN BT MOKHTAR
DATE PRINTED : 12/12/2022

هوسڤيتل ڤوسراوي سنديرين برحد
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DETAILS INVOICE
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57000 KUALA LUMPUR
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GUARANTOR	:	GUARANTOR IC	:
HOSPITAL PUSRAWI	: JALAN TUN RAZAK	STAFF NO.	:
G/LETTER NO.	:	PANEL CODE	: CASH
EFFECTIVE DATE	:	EXPIRE DATE	:
LENGTH OF STAY	: 1 Day	BATCH DATE	:

DESCRIPTION	DATE	QTY	Amount (RM)	Discount (RM)	Total (RM)
ASPIRIN 100MG CAP (CASPRIN)	10/12/2022	7.00	4.90		4.90
BRILINTA 90MG TAB. ticagrelor	10/12/2022	14.00	200.20		200.20
NORMAL SALINE INJ. (NACL 0.9%)	10/12/2022	1.00	20.70		20.70
BD POSIFLUSH SYRINGE PREFILLED	10/12/2022	1.00	22.00		22.00
			---	---	---
	PHARMACY		904.70	28.15	876.55
			---	---	---
PROSEDUR ECG-PRI	10/12/2022	1.00	48.00		48.00
			---	---	---
	PROSEDUR PRI PORTION		48.00	0	48.00
			---	---	---
			---	---	---
	SUB TOTAL		8955.35	34.9	8920.45
			---	---	---
Collections on behalf of doctors					
Doctor's Charges (Tax invoice is attached)					
PROSEDUR ANGIOGRAM	10/12/2022	1.00	1465.00		1465.00
YH. Dato' Dr Haji Azar Azman b Abu Bakar - Pakar Perubatan & Kardiologi					
ANGIOPLASTY/STENTING	10/12/2022	1.00	3600.00		3600.00
YH. Dato' Dr Haji Azar Azman b Abu Bakar - Pakar Perubatan & Kardiologi					
PROSEDUR ECG	10/12/2022	1.00	80.00		80.00
YH. Dato' Dr Haji Azar Azman b Abu Bakar - Pakar Perubatan & Kardiologi					
PERUNDINGAN	10/12/2022	1.00	390.00		390.00
YH. Dato' Dr Haji Azar Azman b Abu Bakar - Pakar Perubatan & Kardiologi					
			---	---	---
	SUB TOTAL		5535.00	0.00	5535.00
			---	---	---
			---	---	---
	TOTAL		14490.35	34.90	14455.45
			---	---	---
	DEPOSIT				14455.45
	PAYMENT				0.00

					0.00
					=========
	AMOUNT NOT COVERED		RM		0.00
	TOTAL		RM		0.00
	ROUNDING ADJUSTMENT		RM		0.00

	TOTAL OUTSTANDING		RM		0.00

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Please e-mail the payment vouchers (PV) / remittance advice to ukk@pusrawi.com.my

STAFF NAME : NORDIANA IKZAKOEN BT MOKHTAR
DATE PRINTED : 12/12/2022

هوسڤيتل ڤوسراوي سندريين برحد
HOSPITAL PUSRAWI SDN BHD (112757-U)
(Dimiliki sepenuhnya oleh Majlis Agama Islam Wilayah Persekutuan)
MAIWP
Lot. 149, Jalan Tun Razak, 50400 Kuala Lumpur. Tel: Fax:
http://www.pusrawi.com.my email: adm@pusrawi.com.my

DETAILS INVOICE
INPATIENT TREATMENT BILL

Payor : PAUZIAH HANUM BT ABDUL GHANI
29 JLN SRI PETALING 13, SERI PETALING
57000 KUALA LUMPUR
WILAYAH PERSEKUTUAN

PAGE NO. 4 of 4
BILL NO. : B001688095
BILL DATE : 12/12/2022 09:58:56
ADM. DATE : 09/12/2022 10:53AM
DISCH. DATE : 10/12/2022 08:00PM
PATIENT NO. : M000121508
EPISODE NO. : IP00273544

PATIENT NAME : PAUZIAH HANUM BT ABDUL GHANI
GUARANTOR :
HOSPITAL PUSRAWI : JALAN TUN RAZAK
G/LETTER NO. :
EFFECTIVE DATE :
LENGTH OF STAY : 1 Day

PATIENT'S IC : 590801085968
GUARANTOR IC :
STAFF NO. :
PANEL CODE : CASH
EXPIRE DATE :
BATCH DATE :

DESCRIPTION	DATE	QTY	Amount (RM)	Discount (RM)	Total (RM)

Cheque is payable to Hospital PUSRAWI Sdn. Bhd. BIMB account no. 14-014-01-004421-3
Please e-mail the payment vouchers (PV) / remittance advice to ukk@pusrawi.com.my

STAFF NAME : NORDIANA IKZAKOEN BT MOKHTAR
DATE PRINTED : 12/12/2022

BUMI SCIENTECH SDN. BHD. *(831337-H).*
Suite 00-111, MBE Lot G0.04,
Capitol Complex Selayang, Kepong Selayang Expressway
68100 Batu Caves, Selangor
Email : inquiry.bumiscientech@gmail.com
Office : +6018 9706505

BSSB

OFFICIAL RECEIPT

NAMA : PAUZIAH HANUM BINTI ABDUL GHANI,
NIRC: 590801085968,
MRN:M000121508,
WARD: AL AMAN, PUSRAWI HOSPITAL

INVOICE NO : A106/2022
DATE : 09/12/2022
D / ORDER NO : A106/2022

No	Description Item	Qty	Unit (RM)	Amount (RM)
1	**SUPRAFLEX CRUZ SIROLIMUS ELUTING COBALT CHRONIUM CORONARY STENT** Size : 2.5 x 12 mm Lot : S21TZBEVAB SN : S21TZBEVN250012024 EXP : 2023-10	1	5,000.00	5,000.00 -
2	**WILMA NC PTCA BALLOON DILATATION CATHETER** Size : 2.0 x 20 mm Lot : S22SWACCAE SN: S22SWACCB200020066 EXP : 2025-07	1	1,200.00	1,200.00

Patient Name : Pauziah Hanum binti Abdul Ghani
MRN : M000121508
Implant Date : 9/12/2022
Cardiologist : Dato Dr Azar Azman bin Abu Bakar

Mode of Payment : Online Banking (CIMB)

TOTAL AMOUNT 6,200.00

RECEIVED BY

Name:
Date:

AUTHORISED SIGNATURE

Rafizad Abd Razak

Payment should be made to "Bumi Scientech Sdn. Bhd." and crossed "Account Payee".
Account No: 5640982054 73 (MBB)
Goods sold and delivered are not subject to return. Interest at the rate of 1.5% per month will be charged on overdue account.

BUMI SCIENTECH SDN. BHD. *(831337-H)*
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Capitol Complex Selayang, Kepong Selayang Expressway
68100 Batu Caves, Selangor
Email : inquiry.bumiscientech@gmail.com
Office : +6018-9706505

BSSB

TAX INVOICE

NAME : PAUZIAH HANUM BINTI ABDUL GHANI
NRIC: 590801085968
MRN: M000121508
WARD: AL AMAN, PUSRAWI HOSPITAL

INVOICE NO : A106/2022
DATE : 09/12/2022
D / ORDER NO : A106/2022

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	Patient Name : Pauziah Hanum binti Abdul Ghani MRN : M000121508 Implant Date : 9/12/2022 Cardiologist : Dato Dr Azar Azman bin Abu Bakar			
	TOTAL	**2**		**6,200.00**

CHECKED BY

Name:
Date:

AUTHORISED SIGNATURE

Rafizad Abd Razak

Payment should be made to "Bumi Scientech Sdn. Bhd." and crossed "Account Payee".
Account No: 564098205473 (MBB)
Goods sold and delivered are not subject to return.
Interest at the rate of 1.5% per month will be charged on overdue account.

هوسڤيتل ڤوسراوي سنديرين برحد
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Tel: 03-2687 5000 Faks: 03-2687 5001
E-mail: adm@pusrawi.com.my Website: http://www.pusrawi.com.my

Laporan Perubatan (Medical Report) HOSPITAL PUSRAWI

Butiran Pesakit (Patient Particulars)

Nama Pesakit (Name of Patient):
PAUZIAH HANUM BT ABDUL GHANI

No. K/P (I/C No.) Baru :**590801085968** No. K/P (I/C No.) Lama :

No. Passport (Passport No) : MRN :**M000121508**

Umur (Age):**62** Jantina (Sex): **F**

Tarikh Masuk Ward atau menerima rawatan buat kali pertama :
(Date of admission or receiving treatment for the first time) **2019**

Tempat Menerima Rawatan (Place where patient received treatment):

[X] Jabatan Kecemasan (Emergency Department)
[X] Klinik Pakar (Specialist Clinic) [X] Wad (Ward):

Disiplin (Discipline): *CARDIOLOGY AND MEDICINE*

Sejarah (History):
(Including presenting complaints, History of Presenting Complaints, Past Medical History, Family History, Social History and Occupational History, Review of Systems, Medical Records reviewed)

DOCUMENTED HYPERLIPIDAEMIA SINCE 2017.

ON CARDIOLOGY FOLLOWUP SINCE 2019 FOR HYPERLIPIDAEMIA AND CORONARY ARTERY DISEASE.
MEDICAL THERAPY WAS CONTINUED AFTER CORONARY ANGIOGRAM WAS DONE IN APRIL 2019 AS SHE WAS ASYMPTOMATIC.

IN DECEMBER 2019 DIAGNOSIS OF TYPE 2 DIABETES MELLITUS WAS MADE AND ORAL GLUCOSE LOWERING DRUG WAS STARTED.

IN DECEMBER 2022 CARDIAC STRATIFICATION VIA TREADMILL TEST REVEALED POSSIBLE ISCHAEMIA AT THE INFEROLATERAL LEADS .
SUBSEQUENT CORONARY ANGIOGRAM SHOWED STENOSIS AT THE MIDSEGMENT OF LEFT ANTERIOR DESCENDING ARTERY AFTER THE PRINCIPAL DIAGONAL ARTERY WITH DISTAL FLOW WAS TIMI 2 (REDUCED)

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Rawatan (Treatment):

UPON DISCUSSION WITH PATIENT AND HER HUSBAND SUBSEQUENT CORONARY ANGIOPLASTY SPOT-STENTING WAS DONE WITH DRUG ELUTING STENT SIZE 2.5X12MM IMPLANTED SUCCESSFULLY WHILE PRESERVING OSTIUM SIGNIFICANT SIZED PRINCIPAL DIAGONAL ARTERY.

PATIENT WAS OBSERVED IN ICU OVERNIGHT AND SUBSEQUENTLY DISCHARGED TO NORMAL WARD

Perkembangan keadaan pesakit sepanjang di bawah penjagaan doctor termasuk rawatan susulan (Progress of patient while under the care of the doctor including follow up):

SUCCESSFUL PCI DONE

Keadaan pesakit ketika berjumpa kali terakhir dengan doctor:
(Condition of the patient last seen by the doctor):

SEEN IN CARDIOLOGY CLINIC AFTER DISCHARGED FROM HOSPITAL

BRILINTA 90MG BD FOR 3-6 MONTHS
CASPIRIN 100MG OD
LIPANTHYL PENTA 145MG OD
ATOZET 10/40MG ON
COZAAR 25MG OD
JARDIANCEDUO 12.5/850MG BD
GALVUS 50MG BD

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Pemeriksaan Fizikal (Physical Examination):
(Including general assessment, Eye, ENT, Oral cavity, Respiratory System, Cardiovascular System, Abdomen, Genitourinary, Central Nervous System, Musculoskeletal, Mental Health Status and others).
COMFORTABLE
BP 140/80
NO CARDIAC SIGNS OF HEART FAILURE

Keputusan ujian Makmal dan radiology:
(Summary of investigations)

GOOD TAGET HBA1C
ACCEPTABLE BLOOD PRESSURE
FREE FORM ANGINA

Diagnosis (Diagnosis):

CORONARY ARTERY DISEASE WITH SENTING DONE FOR MID LAD
TYPE 2 DM
HYPERLIPIDAEMIA

DATO DR. HAJI AZAR AZMAN BIN ABU BAKAR, DSAP., SPTM., DPMP.
MMC 29118 / NSR 129056
MD(UKM), MMED(Internal Med.,USM), FACC(USA), FSCAI(USA)
Fellow Interventional Cardio.(Austin Hosp. AU), FAPSC(APAC)
FAPSIC(APAC), FAsCC(ASEAN), FNHAM(MAL)
SENIOR CONSULTANT CARDIOLOGIST AND PHYSICIAN
HEAD OF CARDIOLOGY DEPT.
HOSPITAL PUSRAWI SDN. BHD.
(No. Syrkt: 112757-U)