

(B) BRIEF MEDICAL SUMMARY/RINGKASAN PERUBATAN

(To be completed by attending doctors)

1. Diagnosis and indication for surgery
Diagnosa dan indikasi untuk pembedahan

2. Type of Surgery/
Jenis Pembedahan

3. Type of prosthesis/
Jenis Prosthesis

4. Estimated cost of prosthesis/
Harga Prosthesis

5. Venue/Date of Surgery/*Tempat/Tarikh Pembedahan*

6. Name and address of first referring doctor / *Nama dan alamat doktor perujukan pertama*

Tel:

Signature/*Tandatangan:*

7. Name and address of second referring doctor / *Nama dan alamat doktor perujukan kedua*

Tel:

Signature/*Tandatangan:*

(Note: Two doctors are required to complete section (B). For joint replacement operations, one rheumatologist or nephrologist plus one orthopaedic surgeon; for cataract operations, one rheumatologist or nephrologist plus one ophthalmologist.)

(C) SOCIAL WORKER'S REPORT/LAPORAN PEGAWAI KEBAJIKAN

(To be completed by social worker)

1. Have you verified the applicant's stated income? Y/N

2. Is the applicant or his/her family member able to support the cost of the above prosthesis/implant?

3. Other comments:

Signature/*Tandatangan:*

Name/*Nama:*

Address & Tel/*Alamat & Tel*

**(D) APPROVAL BY EXECUTIVE COMMITTEE /
PENGESAHAN KELULUSAN JAWATANKUASA EKSEKUTIF**
(To be completed by the Executive Committee)

The above application is approved/not approved

Cost of prosthesis/implant: RM _____

Percentage to be paid by applicant: 5%() / 10%() / 20%()

Signature:

Name of the Executive Committee Chairperson / *Nama Pengerusi Jawatankuasa Eksekutif:*

**Note: The applicant has to enclose the following documents for the above application /
Nota: Pemohon mesti melampirkan dokumen-dokumen berikut dengan borang permohonan**

1. Photocopy of Applicant's Identity Card / *Salinan Kad Pengenalan*
2. Evidence of Applicant's Income (Applicant's most recent salary slip or Form J) /
Bukti pendapatan pemohon (Slip gaji yang terbaru atau Borang J)