

Table 1

**DOCUMENT REQUIRED FOR APPLICATION OF MEDICAL REPORT
ACCORDING TO CATEGORY OF APPLICANT**

Bil	APPLICANT / SUPPORTING DOCUMENT	<i>PATIENT</i>	<i>PARENTS / GUARDIAN (Patients aged 18 years and under)</i>	<i>NEXT-OF-KIN/ HUSBAND/ WIFE/ CHILDREN/ SIBLING/ PARENTS</i>	<i>AGENT / REPRESENTATIVE (insurance ,lawyer)</i>
1	Copy of patient Identification Card	/	/	/	/
2	Copy of patient appointment card	/	/	/	/
3	Payment (depending on the type application)	/	/	/	/
4	Form – related (Insurance , EPF, Labour 90, Socso)	/	/	/	/
5	Copy of patient birth certificates		/	/	
6	Copy of Identity Card of Parents		/		
7	Consent letter stating the name of beneficiary /applicant/representative agent			/	/
9	Copy of beneficiary /applicant. Identity Card		/	/	
10	Original treatment card for patients receiving treatment at the Outpatient Department			/	/
11	Copy of marriage certificate(if applicable)			/	
12	Letter of Oath (if applicable)			/	
13	Copy of Burial Permit for deceased patient (if applicable)			/	/
14	Other documents related to patient care	/	/	/	/