

The Tun Hussein Onn National Eye Hospital.

Lot-2, Lorong Utara B, 46200, Petaling Jaya, Selangor Darul Ehsan, Malaysia

Tel : +603 7718 1488 Fax : +603 79576128 Website: www.thoneh.com

Booking Form

Mr No : 501091 Booking Date : 22/03/2021 12:25 pm
Patient Name : MR. ADI HARITH BIN MOHD TAHIR Admission Date and Time : 05/04/2021 ; TO INFORM
Mobile Number : 179489769 Surgery Date : 05/04/2021
DOB : 5/7/1995 12:00:00AM **Location : Main OT/Minor OT/Laser Room/Procedure Room
Admission Type : IN-PATIENT/ DAYCARE Type of Bed : Single Bedded/Double Bedded/Vip Suite

Surgeon : Dr.RONALD ARUN DAS
EYE Side : Right Eye
Procedure Name : VITRECTOMY
Anaesthesia Type : General Anesthesia

Estimated Cost(RM) : 17000
Deposit (RM) : Rm 1000
Payment Details : (Guarantee Letter/ Insurance) / (pay & Claim) / (Self Payment) / Insurance : _____
Payment Mode : CASH / CREDIT CARD
Remark : RE SCLREAL BUCKLE, PPV,VITRECTOMY AND SILICONE OIL

Instruction : 22/3/2021: M
Remark : RE SCLREAL BUCKLE, PPV,VITRECTOMY AND SILICONE OIL

On Admission, Please proceed to :

- | | |
|--|--|
| <input checked="" type="checkbox"/> Cashier (Ground Floor) | <input checked="" type="checkbox"/> CBC will call 2-3 days prior |
| <input checked="" type="checkbox"/> Ward (2nd Floor) | <input checked="" type="checkbox"/> Ward Nurse will call in the evening prior |
| <input type="checkbox"/> Treatment Room(Clinic A/B/C etc.) | <input checked="" type="checkbox"/> Remove Nail Polish |
| <input type="checkbox"/> THONEH Advance Lasik Centre (3rd Floor) | <input checked="" type="checkbox"/> Do not bring valuables or jewelries on Admission |
| <input type="checkbox"/> Procedure Room (4th Floor) | <input checked="" type="checkbox"/> Take light meal / follow fasting instructions |
| <input type="checkbox"/> Laser Room (4th Floor) | <input checked="" type="checkbox"/> Come with a companion and come on time |
| <input type="checkbox"/> Injection Suite (4th Floor) | <input checked="" type="checkbox"/> Do expect last minute changes |

On Booking:

- Letter of understanding
 Terms & Conditions
 Pre-OP Diagnostic Test
 Estimated Cost
 Refund/Required Payment

I acknowledged all the education/instructions explained and understood the contents.

Patient Signature: *Andi*

Companion Signature:

Login: **Muling Anak Ragal**
Registered Nurse
LJM No. 1694