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|--------------------------------|---------------------------------|------------------------------------|
| Date of Admission : 24 06 2024 | Name : SITI FATIRAH BINTI RAMLI | WARD: W2/210 |
| Date of Discharge : 26 06 2024 | MRN : 179550 - 100034985 | |
| Time of Discharge : 11 30 Hour | IC : 920102-03-6736 | S/A: F/32Y 05M 220 |
| Bed No : 210 | D.O.E : Date: 24/06/2024 | C/P: DR MOHD HAFIZI BIN MOHD YUSOF |
| | CONSULTANT | |

Reason for Admission

Significant physical findings

Diagnosis/es on Admission

Investigations

Operations / Procedures and Findings

Inpatient Medications

Inpatient's Progress

Patient's status on discharge

Back pain

tender.

mp1 / unharmed.

RF, s forad injection,
 central epidural lumbar spine

| | | | |
|---------------------------|---|-------------------------------|-------------|
| Diagnosis/es on Discharge | 1 | PCD lumbar spine L4/L5, L5/S1 | ICD 10 Code |
| | 2 | | |
| | 3 | | |

Maternity Leave From : _____

Medical Leave From : 24 06 2024 to 17 07 2024 @ 1000P

Date of follow up : _____ @ _____ Hrs.

Plan on follow up : Follow up at Hospital Shah Alam.

DR. MOHD HAFIZI BIN MOHD YUSOF
 MD (MOSCOW), DR. ORTH & TH (UKM), CMIA
 CONSULTANT ORTHOPEDIC & TRAUMATOLOGY
 KMI KELANA JAYA MEDICAL CENTRE
 MMC-123
 Doctor's Signature
 NSR: 137898

ADMISSION AND DISCHARGE LETTER

PATIENT'S NAME : SITI FATIRAH BINTI RAMLI
I/C NO : MRN: 179550 - 100034985 WARD: W2/210
MRN : IC: 920102-03-6736 Date: 24/06/2024 S/A: F/32Y 05M 22D
C/P: DR MOHD HAFIZI BIN MOHD YUSOF
ADDR: 411, BLOK 7, APARTMENT DAISY
JLN DINAR U3/1, SUBANG PERDANA
40150 SHAH ALAM
SELANGOR
CONTACT: 0173031735 SELF



This is to certify and inform you that the above named patient has been admitted to our hospital because of PIB (unlabeled injury)

Date of Admission : 24/6/2024
Date of Discharge : 26/6/2024

Thank you.

DR. MOHD HAFIZI BIN MOHD YUSOF
MD (MOSCOW), DR. ORTH & TH (UKM) & JIA
CONSULTANT ORTHOPAEDIC & TRAUMATOLOGIST
KMI KELANA JAYA MEDICAL CENTRE
MMC: 49377
NSR: 137898

Yours faithfully,
KELANA JAYA MEDICAL CENTRE