



HOSPITAL SHAH ALAM
PERSIARAN KAYANGAN
SEKSYEN 7, 40000 SHAH ALAM
SELANGOR DARUL EHSAN



Tel : 03-55263000 / 03-55263400
Faks : 03-55263202
Laman Web : <http://hsas.moh.gov.my>

Tarikh : 3/2/2021

Kepada sesiapa yang berkenaan

Tuan/ Puan,

Surat Perakuan Bagi Ibu/ Bapa/ Penjaga Menemani Anak Di Wad

Adalah saya mengesahkan bahawa Encik/ Puan Norkatrina Bt Kamarudin

Dengan No. K.P. 80070A-01-5800 ibu/ bapa/ penjaga kepada

Nama: Nur Hafira Qadrina Binti Abdul Hakim

Tarikh Lahir: 5/6/2013 Umur: 7y

MRN: SA 441024 Jantina: Female

telah dimasukkan ke Wad 12 pada 2/2/2021 hingga 3/2/2021

untuk tujuan rawatan penyakit Precocious Puberty.

Dalam masa ini, ibu/ bapa/ penjaga telah dikehendaki untuk menjaga anak beliau semasa menerima rawatan di wad dan diharapkan tuan/ puan akan dapat memberi cuti kepada beliau untuk menunggu di hospital. Sekiranya ada sebarang pertanyaan boleh hubungi **WAD 12. NO TEL : 03-55263000 samb 7501.**

Sekian, Harap Maklum.

Yang Menjalankan Tugas,

Dr. Khairun Liyana Mat Shah
Pegawai Perubatan UD41
MMC (S) 83969

HAR KHAM
Hosp. Shah Alam
B/P Ketua Jabatan Pediatrik
Wad Paediatrik
Hospital Shah Alam

DISCHARGE NOTE

HOSPITAL SHAH ALAM, SELANGOR

1. NAME: nur zafira Qadina	2. RN:	3. MRN: SA00441024	4. IC. NO: 130605103578
5. SEX: Female	6. AGE: 7y10	7. WAD: 12	
8. DATE OF ADMISSION: 31/2/2021	9. DATE OF DISCHARGE: 31/2/2021		
10. FINAL DIAGNOSIS: Ectopically admitted for MRI, previous puberty			
11. NOTES FOR FOLLOW-UP, IF ANY: Gonan (b)			

Signature:

Name of Medical Officer:

DR. NUR SYAMINI BEGUM BINTI NAUSHAD ALI
 NO. MMC (S) : 86179
 PEGAWAI PERUBATAN SISWAZAH UD41
 HOSPITAL SHAH ALAM

Official Stamp:

Date: 31/2/2021

* RN : Encounter Number

MRN : Medical Record Number

Sila bawa bersama 'Discharge Note' semasa susulan rawatan
 Nota ini bukan untuk kegunaan Mahkamah



Hospital Shah Alam Referral Letter

Patient ID	: SA00441024	Patient Name	: Nur Zafira Qadrina Binti Abd ul Hakim,
Gender	: Female	Age	: 7Y7M
Encounter ID	: 11325310	Encounter Type	: Inpatient
Admission Date	: 02/02/2021 19:16	Discharge Date	:
Location	: Paediatric Ward	Attending Practitioner	: PAED Dr. Goh Chin Buan
Specialty	: Paediatrics		

Document Reference No	:	Med/Anc Service	: General Paeds
Note Type	: Generic Referral Letter	Performed By	: PAED Dr Chuan Hooi Lian
Date/Time	: 03/02/2021 16:58		

Referral Details

Referral To : Anesthesiology Clinic team

Referral From : Paediatric team

Purpose of Referral : Dear colleague,
Thank you for seeing this patient 7 years 7 months old Girl who is under our follow-up for Precocious puberty with U/L Mild Autism and ADHD. Otherwise, she's well, with no known food or drug allergy. She was an Ex-PREM at 36 weeks with uneventful delivery and uneventful neonatal period.

She has been scheduled for MRI Brain And Pituitary Fossa TRO Pituitary Adenoma under GA on 17/02/2021 at 8 am in HTAR. Please kindly perform pre-op/procedure assessment for her prior to her MRI Brain and pituitary fossa.

Thank you

Yours sincerely,

Authorized By	: PAED Dr Chuan Hooi Lian	Signature	
Last Modified By	: PAED Dr Chuan Hooi Lian	Signature	
Print Date / Time	: 03/02/2021 17:01	Logged User	: CHUANHL