



NILAI MEDICAL CENTRE

Owned by Asiaprise Biotech Sdn. Bhd. (335715 - T)
PT 13717, Jalan BBN 2/1, 71800 Nilai, Negeri Sembilan Darul Khusus.
Tel: 06-8500 999 Fax: 06-8500 733

No. 116060

MEDICAL CERTIFICATE

This is to certify that I have examined:

Mr / Mrs / Miss WAN NOR ATIKAH BT WAN OMAR BAKRI

NRIC / Passport No. 930511035020

from to whom it may concern

on 4/10/21 and found:

(a) ~~His~~ / Her unfit for duties for SEVEN (7) day (s) from 4/10/21 to 10/10/21

(b) ~~He~~ / She was treated as Outpatient / was hospitalized

(c) ~~He~~ / She is required to follow-up on 14/10/21

(Delete (b) or (c) where not applicable)

Consultant's / Medical Officer's Signature

DR. HARRIS NGOW ABDULLAH
MD (USM), MMED (UKM), AM (MAL), FNHAM (MAL),
FISHNE/FAPSIC (ASIA PACIFIC), FASCC (ASEAN)
MMC FULL REGISTRATION NO. 36988
CONSULTANT CARDIOLOGIST
NILAI MEDICAL CENTRE

Consultant's / Medical Officer's Stamp

7/10/2021

Date

Note: This certificate is not valid for any court case

DISCHARGE SUMMARY

MRN : 20137787
 PATIENT NAME : WAN NOR ATIKAH BINTI W. OMAR BAKRI
 NRIC No. / Passport : 930511035020

Admission date (dd-mm-yyyy) 04-10-2021	Discharge date (dd-mm-yyyy) 07-10-2021
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Reason for admission

diarrhea/ vomiting for 1 days
 No fever

Significant physical and other findings

NAD. POA 12 weeks

Diagnostic procedures performed

Typhidot Ig M/ Ig G weak positive

Diagnosis

1. Infective AGE
2. pregnancy

Treatment provided / Therapeutic procedures performed

As provided

Patient condition upon discharge

Well

Discharge medication and other treatments

As provided

Follow-up instruction / (TCA)

Outpatient clinic follow-up date : 14-10-2021
 Others (please specify) : General health screening/CRP

Attending Consultant

Name : DR HARRIS NGOW ABDULLAH
 Signature :

Date : 07-10-2021
 Time : 13:47



DR HARRIS NGOW ABDULLAH
MMC Full Registration No.36988
Consultant Cardiologist
 07-10-2021 @ 13:47



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PT 13717, Jalan BBN 2/1, 71800 Nilai, Negeri Sembilan Darul Khusus.

Tel: 06-8500 999 Fax: 06-8500 733

No. **114624**

MEDICAL CERTIFICATE

This is to certify that I have examined:

Mr / Mrs / Miss WAN NOR ATIKAH BINTI W. OMAR BAKRI

NRIC / Passport No. 930511-03-5020

from TO WHOM IT MAY CONCERN

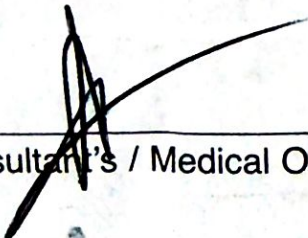
on 27/09/2021 and found:

(a) Him / Her unfit for duties for 7 day (s) from 27/9 to 3/10/2021

(b) He / She was treated as Outpatient / was hospitalized

(c) He / She is required to follow-up on 6/10/2021

(Delete (b) or (c) where not applicable)


Consultant's / Medical Officer's Signature

DR. LIM CHEE SANG
MD (AMB), MRCP (AG), AM (SPL), CMA (MCOB)
Fellowship in Gastroenterology & Hepatology
MBC PMA (GASTROENTEROLOGY, AM) 7
CONSULTANT PHYSICIAN, GASTROENTEROLOGIST & HEPATOLOGIST
NILAI MEDICAL CENTRE

Consultant's / Medical Officer's Stamp

30/9/2021

Date

Note: This certificate is not valid for any court case

DISCHARGE SUMMARY

MRN : 20137787
 PATIENT NAME : WAN NOR ATIKAH BINTI W. OMAR BAKRI
 NRIC No. / Passport : 930511035020

Admission date (dd-mm-yyyy)

27-09-2021

Discharge date (dd-mm-yyyy)

30-09-2021

Reason for admission

dysuria urgency

Significant physical and other findings

p/a tender

Diagnostic procedures performed

nil

Diagnosis

urosepsis

Treatment provided / Therapeutic procedures performed

iv antibiotic

Patient condition upon discharge

well

Discharge medication and other treatments

Follow-up instruction / (TCA)

Outpatient clinic follow-up

date : 06-10-2021

Others (please specify) : 10am

Attending Consultant

Name : DR LIM CHEE SANG

Signature :

Date : 30-09-2021

Time : 12:18



DR LIM CHEE SANG

MMC Full Registration No.44047

CONSULTANT GASTROENTEROLOGY & HEPATOLOGY

MD (USM), MRCPS (UK), AM (MAL), CMIA (NIOSH)

30-09-2021 @ 12:18