



HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/REHAB/BR29

**BORANG PROSTETIK & ORTOTIK PESAKIT LUAR**  
*PROSTHETIC & ORTHOTIC OUTPATIENT REFERRAL FORM*

<b>Nama</b> :	_____	<b>MRN</b> :	_____
<i>Name</i>			
<b>Umur</b> :	_____	<b>No. K/P</b> :	_____
<i>Age</i>		<i>I/C No.</i>	
<b>Rujukan dari</b>		<b>No. Tel</b> :	_____
<b>Jabatan</b> :	_____	<i>Tel. No</i>	
<i>Referral Department</i>			
<b>Tarikh Rujukan</b> :	_____	<b>Masa</b>	_____
<i>Date of Referral</i>		<i>rujukan</i>	
		<i>Time of Referral</i>	

**Diagnosis :**

**Sejarah :**

*History*

**Pemeriksaan Fizikal :**

*Physical Examination*

**Alasan Rujukan**

*Reason for Referral*

<input type="checkbox"/>	<b>Prostetik</b> :	_____
	<i>Prosthesis</i>	
<input type="checkbox"/>	<b>Ortotik/</b> :	_____
	<b>Pendakap</b>	
	<i>Orthosis/Brace</i>	
<input type="checkbox"/>	<b>Kasut/Pelapik</b> :	_____
	<b>dalam Kasut</b>	
	<i>Shoes/Insole</i>	
<input type="checkbox"/>	<b>Lain-lain</b> :	_____
	<i>Others</i>	



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Pembayaran :  Bayaran sendiri  GL Kerajaan  Lain-lain : \_\_\_\_\_  
*Financial Self-Payment Government GL Others*

<p><b>Dirujuk oleh :</b> <i>Referred by :</i></p>  <hr/> <p><b>Pakar / Pegawai Perubatan</b> <i>Specialist/ Medical Officer</i></p> <p><b>(Tandatangan &amp; Cap)</b> <i>(Signature &amp; Stamp)</i></p>	<p><b>Kegunaan Pejabat :</b> <i>Office use :</i></p>  <p><b>Tarikh Temujanji :</b> <i>Date of Appointment :</i></p>  <p><b>Masa diberi :</b> <i>Time Given :</i></p>  <p><b>Diterima oleh :</b> <i>Received by:</i></p>  <hr/> <p><b>(Tandatangan &amp; Cap) :</b> <i>(Signature &amp; Stamp)</i></p>
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