

ARTHRITIS FUND TABUNG ARTHRITIS

Application Form / Borang Permohonan
Year / Tahun _____

(A) PERSONAL PARTICULARS OF APPLICANT/ *BUTIR-BUTIR PERIBADI PEMOHON*

(To be completed by applicant)

1. Name>Nama:
2. NRIC/No. KP:
3. MRN
4. Age/Umur:
5. Sex/Jantina:
6. Citizenship/Kewarganegaraan:
7. Occupation/Pekerjaan:
8. Employer's Name>Nama Majikan:
9. Employer's Address/Alamat Majikan:
10. Employer's Tel/Talipon Majikan:
11. Income/Pendapatan: /month/bulan
12. Marital Status/Taraf Perkahwinan:
13. No. of Children/Jumlah Anak:
14. Correspondence Address/Alamat Surat-Menyurat

15. Tel/Tal:
16. Family Particulars*/Butir keluarga/waris:

	Name>Nama	Relationship/ Perhubungan	Age/Umur	Occupation/ Pekerjaan	Income/month Pendapatan/bulan

* The applicant should list his/her parents/siblings/spouse and children

Declaration by applicant

I, _____ (NRICNo. _____),
sincerely declare that the information given above is true and correct. I also grant permission for the Arthritis Foundation, Malaysia to obtain further medical particulars from the attending doctors. Permission is hereby given to the attending doctors to disclose information requested by the Foundation to evaluate this application. I understand the Foundation has the right to reject and/or vary terms of assistance.

Signature

Date

(B) BRIEF MEDICAL SUMMARY/RINGKASAN PERUBATAN

(To be completed by attending doctors)

1. Diagnosis and indication for surgery
(Diagnosis dan indikasi untuk pembedahan)

2. Type of Surgery
(Jenis Pembedahan)
3. Type of prosthesis
(Jenis Prosthesis)
4. Estimated cost of prosthesis
(Harga Prosthesis)

5. Venue/Date of Surgery
(Tempat/Tarikh pembedahan)

6. Name and address of first referring doctor (Nama dan Alamat doctor perujukan pertama)

Tel/Tal:

Signature:

(Tandatangan)

(Rheumatologist/Orthopaedic Surgeon)

7. Name and address of second referring doctor (Nama dan Alamat doctor perujukan kedua)

Tel/Tal:

Signature:

(Tandatangan)

(Rheumatologist/Orthopaedic Surgeon)

(For the above section, two doctors are required to complete the above. One rheumatologist and one orthopaedic surgeon are required for inflammatory arthritis; for osteoarthritis, either the above or two orthopaedic surgeons are required.)

(C) SOCIAL WORKER'S REPORT/LAPORAN PEGAWAI KEBAJIKAN

(To be completed by social worker)

1. Have you verified the applicant's stated income? Y/N

2. Is the applicant or his/her family members able to support the cost of the above prosthesis/implant?

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3. Other comments

Signature/Tandatangan:

Name>Nama:

Address/Alamat/Tel/Tal:

(D) APPROVAL BY THE ARTHRITIS FUND COMMITTEE
PENGESAHAN KELULUSAN AHLI JAWATANKUASA TABUNG ARTHRITIS
(To be completed by the Arthritis Fund Committee)

The above application is approved / not approved
(Permohonan diatas diluluskan / tidak diluluskan)

Cost of prosthesis/implant: _____

Percentage to be paid by applicant: 5%(), 10%(), 20%()

Signature:

Name of the Arthritis Fund Chairperson>Nama Pengerusi Tabung Arthritis:

P/s: The applicant has to enclose the following documents for the above application:
(Pemohon mesti melampirkan dokumen berikut dengan permohonan)

1. Photocopy of Applicant's Identity Card
(Salinan Kad Pengenalan Pemohon)
2. Photocopy of Witness' Identity Card
(Salinan Kad Pengenalan Saksi)
3. Evidence of Applicant's Income (Applicant's most recent salary slip or Form J)
(Bukti pendapatan pemohon – slip gaji yang terbaru atau Borang J)