

(Diisi oleh Pusat Sejahtera/To be filled by Pusat Sejahtera)
No. Resit USM/USM Receipt No.:

Kepada/To : **Kaunter Bayaran/Payment Counter**
Jabatan Bendahari/Bursary Department

Daripada/From : **Pusat Sejahtera**

Nama/Name: _____ No. Matrik/Matric No.: _____

No. Kad Pengenalan/Identification No: _____ No. Tel. Bimbit/H.P. No.: _____

Kategori/Category: Pelajar Malaysia/
Malaysian Student Staf/Staff Pesara/Pensioner
 Pelajar Antarabangsa/
International Student Tanggungan Staf/
Staff's Dependant Tanggungan Pesara/
Pensioner's Dependant
 Tanggungan Pelajar/
Student's Dependant Lain-lain/Others

JENIS PERKHIDMATAN/TYPE OF SERVICES	NAMA PETUGAS	AMAUN/AMOUNT (RM)
<input type="checkbox"/> Pendaftaran/Registration <input type="checkbox"/> Kes Baru/ <i>New Case</i> <input type="checkbox"/> Kes Ulangan/ <i>Repeat Case</i> <input type="checkbox"/> Rawatan Khas & Temujanji/ <i>Special Services & Appt.</i> (Tiada Caj Pendaftaran/No Registration Charge)		
<input type="checkbox"/> Perkhidmatan Pergigian/Dental Services <input type="checkbox"/> Tampalan/ <i>Filling</i> <input type="checkbox"/> Penskaleran/ <i>Scaling</i> <input type="checkbox"/> Imbasan Gigi/ <i>Intraoral X-ray</i> <input type="checkbox"/> Crown <input type="checkbox"/> Pembedahan/ <i>Surgical</i> <input type="checkbox"/> Lain-lain/ <i>Others</i> <input type="checkbox"/> Cabutan Biasa/ <i>Normal Extraction</i> <input type="checkbox"/> Rawatan Endodontik/ <i>Root Canal</i>		
<input type="checkbox"/> Ubat/Medication <input type="checkbox"/> Standard; Durasi: _____ <input type="checkbox"/> Non-Standard <input type="checkbox"/> Tiada Ubat/ <i>No Medication</i>		
<input type="checkbox"/> Prosedur Klinikal/Clinical Procedure <input type="checkbox"/> Rawatan Kumpulan A <input type="checkbox"/> Rawatan Kumpulan B; Bil Rawatan: _____		
<input type="checkbox"/> Perkhidmatan Makmal/Laboratory Service Jenis Ujian/Type of Test: _____		
<input type="checkbox"/> Rawatan Pemulihan/Physiotherapy		
<input type="checkbox"/> Pemeriksaan Radiologi/Radiology		
<input type="checkbox"/> Perkhidmatan Khas/Special Service <input type="checkbox"/> Vaksin/ <i>Vaccination</i> <input type="checkbox"/> Berkhatan/ <i>Circumcision</i> <input type="checkbox"/> Daily Dressing <input type="checkbox"/> Imbasan Tulang/ <i>Bone Scan</i> <input type="checkbox"/> Pemeriksaan Kesihatan/ <i>Medical Check Up</i> <input type="checkbox"/> Spirometry <input type="checkbox"/> Pengawasan Tekanan Darah 24 Jam/ <i>24 Hr BP Monitoring</i> <input type="checkbox"/> Lain-lain/ <i>Others</i>		
<input type="checkbox"/> Perkhidmatan Perubatan Lain/Other Medical Services Jenis/Type : _____		
ARAHAN KEPADA KAUNTER BAYARAN: Sila masuk ke No. Akaun 401.CKESIU.550001 - Projek Tabung PIP-PTJ		
Jumlah Bayaran Dikenakan/Total:		