



Name : YAP SZE MOOI
Ethnic Group : Chinese
Sex : Female
Marital Status : Married
Age : 65 year(s) 11 month(s) 2 day(s)
Occupation : Tidak diketahui
Reg. No : 21672415
I.C. No : 520517105788

Date of Admission : 05/04/2018 22:31
Ward : Wad 6TE (Onkologi Klinikal)

Date of Discharge : 19/04/2018
(Medically discharge: 19/04/2018)
Unit : Wad 6TE (Onkologi Klinikal)
Consultant : DR. ROZITA BT ABDUL MALIK JABATAN ONKOLOGI KLINIKAL,

Reason for admission:

- 1) UTI with bacteremia -
- on IV cefuroxime then meropenem then cefepime now
urine CNS 6/4/18 - ESBL
blood CNS 6/4/18 ESBL
repeat blood CNS 16/4/18 SFNG
CRP 2
- 2) AKI secondary to poor oral intake secondary to ? infection (resolved)
- creat -124---> 109>78
- 3) symptomatic anemia
- 2 pint PC transfused-latest Hb:9.8

Clinical findings:

alert
pink
not septic
abd soft, nontender
lungs clear

Progress Note:

65yo lady
ca cervix FIGO 3B/4A
completed CCRT 48.6Gy/27# with weekly Cisplatin + Full HDR x 4 Dec 2017
underlying
1. Diabetes mellitus
- on S/C humulin 50u/18u BD
2. Hypertension
- on Tab irbesartan 300mg OD,
Tab atenolol 50mg OD
Tab Lercanidipine hydrochloride 10mg OD
3. Dyslipidemia

- 1) UTI with bacteremia
- on IV cefuroxime then meropenem then cefepime now
urine CNS 6/4/18 - ESBL
blood CNS 6/4/18 ESBL
repeat blood CNS 16/4/18 SFNG
CRP 2
- 2) AKI secondary to poor oral intake secondary to ? infection (resolved)

101 20m 01
101 20m 01

101 20m 01

- creat -124--> 109>83 (baseline 59)

3) symptomatic anemia
- 2 pint PC transfused-latest Hb:9.8

afebrile
appetite good
no complaint
completed 5 days of meropenam and 5 days of cefepime
repeated blood CNS 16/4/18 SFNG

Past medical / surgical / obstetric / birth & developmental / immunisation history:

Final diagnosis:

cervical carcinoma

Patient's condition at the time of discharge:

well

Medications during discharge:

S/C humulin 50u/18u BD
Tab irbesartan 300mg OD,
Tab atenolol 50mg OD
Tab Lercanidipine hydrochloride 10mg OD

Follow up plan:

allow discharge today
TCA 2/52 prof Rozita UMSC clinic
cont own meds

Consultant In Charge:

DR. ROZITA BT ABDUL MALIK JABATAN ONKOLOGI KLINIKAL, 19/04/2018

Completed by:

DR. VANCE KOI YUNG CHEAN, PEGAWAI PERUBATAN, JABATAN ONKOLOGI KLINIKAL, 19/04/2018

Final Submission by:

DR. VANCE KOI YUNG CHEAN, PEGAWAI PERUBATAN, JABATAN ONKOLOGI KLINIKAL, 19/04/2018

Verify by:

DR. VANCE KOI YUNG CHEAN, PEGAWAI PERUBATAN, JABATAN ONKOLOGI KLINIKAL, 19/04/2018

DR. VANCE KOI YUNG CHEAN
No. Pendaftaran Penub MPM 57169
Pegawai Perubatan Sarjana
Jabatan Onkologi Klinikal
Pusat Perubatan Universiti Malaya

BK-MIS-099-E03



UM SPECIALIST CENTRE SDN BHD (465578-U)
UMSC Building, Lot 28
Lorong Universiti, Lembah Pantai
50603, Kuala Lumpur, Malaysia

Tel : +603 7841 4000
Fax : +603 7841 4014
Website : www.umsc.my

REGISTRATION FORM

PATIENT'S PARTICULARS

REGISTRATION NO. : 17OP00113722

PATIENT NO. : SC00243900

NAME : YAP SZE MOOI

ADDRESS : 31

BK 5/2

BANDAR KINRARA

012666296 PUCHONG

SELANGOR, MALAYSIA

ID NUMBER : 520517105788

ID TYPE : NEW IC

MARITAL STATUS : MARRIED

OCCUPATION :

AGE : 65 Y 5 M SEX : F

DATE OF BIRTH : 17/05/1952

TEL NO (HOME) : 0193248652

(OFFICE) :

(MOBILE) : 0126662965

NATIONALITY : MALAYSIA

RELIGION : BUDDHIST

RACE : CHINESE

NEXT-OF-KIN'S PARTICULARS

NAME : LEE FOONG KUAN

ADDRESS : 31

BK 5/2

BANDAR KINRARA

012666296 PUCHONG

SELANGOR, MALAYSIA

OCCUPATION :

ID NUMBER : 800712105536

RELATIONSHIP : DAUGHTER

TEL NO (HOME) : 0193248652

(OFFICE) :

(MOBILE) : 0126662965

REGISTRATION DETAIL

REGISTRATION DATE : 27/10/2017

REGISTER BY : AZLEYANAAB

TIME : 05:50 pm



PATIENT REGISTRATION FORM

PATIENT'S PARTICULARS

MALAYSIAN FOREIGNER

NAME: YAP SZE MOOI

I.C./BIRTH CERT./PASSPORT NO: 520517-10-5788 DATE OF BIRTH: 17/10/511952

MARITAL STATUS: M GENDER: MALE FEMALE

RELIGION: BUDDHIS NATIONALITY: _____

RACE: CHINESE OCCUPATION: _____

PERMANENT ADDRESS: NO. 31, BK 5/2, BANDAR KINRARA, PUCHONG

TOWN: PUCHONG STATE: SELANGOR POSTAL CODE: 47180

COUNTRY: MALAYSIA

PHONE NO: (HOME) 03-80761317 (MOBILE) 012-6662965

E-MAIL ADDRESS: sharonlee127@hotmail.com

PERSON TO CONTACT DURING EMERGENCY/NEXT TO KIN

MALAYSIAN FOREIGNER

NAME: LEE FOONG KUAN

I.C./BIRTH CERT./PASSPORT NO: 800712-10-5536 DATE OF BIRTH: 12/10/711980

GENDER: MALE FEMALE RELATIONSHIP: DAUGHTER

RACE: CHINESE NATIONALITY: MALAYSIAN

PERMANENT ADDRESS: NO. 31, BK 5/2, BANDAR KINRARA

TOWN: PUCHONG STATE: SELANGOR POSTAL CODE: 47180

COUNTRY: MALAYSIA

PHONE NO: (HOME) 03-80761317 (MOBILE) 012-6662965

E-MAIL ADDRESS: sharonlee127@hotmail.com

PAYMENT MODE

SELF PAY (CASH/CREDIT CARD) GUARANTEE LETTER INSURANCE

LAW FIRM/LAWYER OTHERS _____

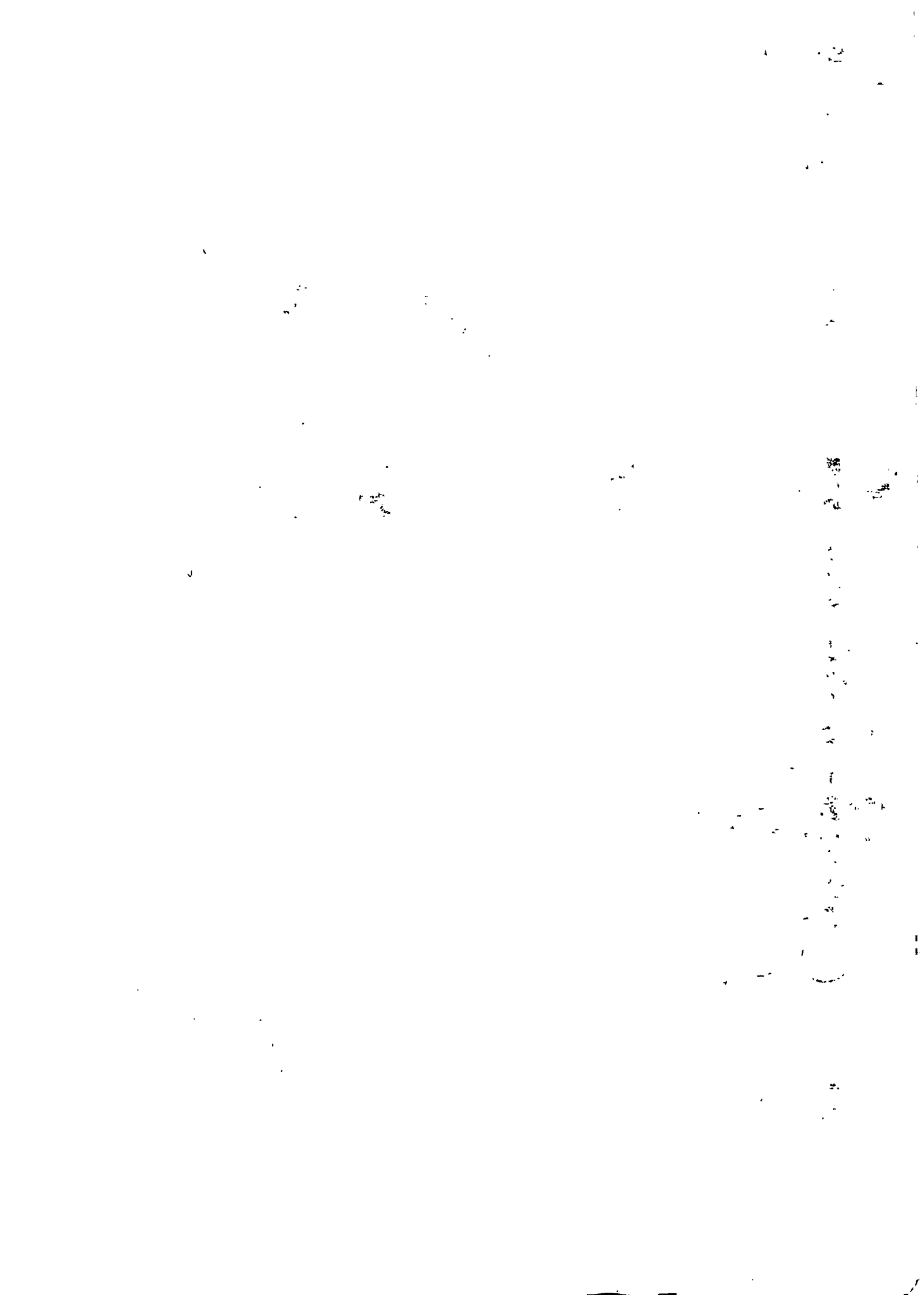
NAME OF COMPANY: _____

PERSON INCHARGE: _____ PHONE: _____

I hereby confirm that all the above particulars are TRUE and UM Specialist Centre reserves the right to deny registration should the above be fund inaccurate.

Name: _____

Relationship: _____ Signature





KAD PENGENALAN
MALAYSIA

520517-10-5788



YAP SZE MOOI

NO 16 TR SEK 2/12A
TAMAN KINRARA
BATU 7
47100 PUCHONG
SELANGOR

WARGANEGARA
PEREMPUAN

FOR UNIDENTIFIED ONLY