

# Malaysian DRG ID Request Form



<b>User Details</b> (Please fill in/tick below)			
<b>Name</b>		<b>NRIC</b>	
<b>Department</b>		<b>Job Title</b>	
<b>Telephone Number/Extension</b>		<b>Email Address</b>	
<b>User ID</b> (for existing user only)		<b>Date</b>	

<b>Access Request</b> (Please tick)			
<b>New ID</b>		<b>Other</b> (please specify below)	
<b>Delete ID</b>		1-	
<b>Modify Role/Reset Password</b>		2-	

### Select the Role (Please tick):

\* Select Role related to your position only

<b>NATIONAL</b>	<b>Ministry of Health Officer</b>		<b>CLUSTER</b>	<b>Head of Cluster</b>	
	<b>Ministry of Health Cluster Hospital</b>			<b>Head of Department Cluster</b>	
	<b>National P4P</b>			<b>Cluster Head of Medical Record</b>	
<b>STATE HEALTH DEPARTMENT</b>	<b>State Health Director</b>		<b>HOSPITAL</b>	<b>Cluster Casemix Clinical Coordinator</b>	
	<b>State Health Director, Head of Governing Body</b>			<b>Hospital Director</b>	
	<b>Head of Governing Body</b>			<b>Head of Department</b>	
	<b>State Casemix Clinical Coordinator</b>			<b>Department Head of Cluster</b>	
	<b>State P4P</b>			<b>Hospital Casemix Clinical Coordinator</b>	
	<b>State Medical Record Officer</b>			<b>Hospital P4P</b>	
	<b>Medical Record Officer Cluster</b>			<b>Hospital Medical Record Officer</b>	
	<b>State System Admin (ICT)</b>			<b>Finance Officer</b>	
			<b>Hospital System Admin (ICT)</b>		
			<b>Coder</b>		
			<b>Fincance Clerk</b>		

### Approval by Hospital Director or nominated Authorised Person

<b>Approved by</b>				
	Name	Official stamps	Signature	Date

### Created/Modified by ICT Department:

<b>Remarks:</b>		<b>New User ID assigned:</b>	
		<b>Temporary Password:</b>	
Name	Official Stamps	Signature	Date