



PPUKM

AUTHORISATION LETTER

Jabatan
Teknologi
Maklumat

DATE :

To :

Jabatan Teknologi Maklumat
Pusat Perubatan UKM

I / We, the undersigned, hereby authorize _____,
I/C : _____ to act on my / our behalf in all manners
relating to modifying, editing and / or changing the patient(s)'s details (as attached) in
IMIS applications (ILMS, IRIS, IBIS and OMS). Any and all acts carried out by
_____ on our behalf shall have the
same affect as acts of our own.

Sincerely,

Approved by ,

Name :

I/C :

Title :

Staff ID:

Stamp :

Name :

I/C :

Title :

Staff ID:

Stamp :