MalaysianDRG ID Request Form

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

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

Select the Role (Please tick):

* Select Role related to your position only

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

Approval by Hospital Director or nominated Authorised Person

Approved by				
	Name	Official stamps	Signature	Date

Created/Modified by ICT Department:

Remarks:		New User ID assigned: Temporary Password:		
Name	Official Stamps	Signature		Date