



# Poliklinik Cahaya

Email: [admin@cahayaclinics.com](mailto:admin@cahayaclinics.com)  
[www.cahayaclinics.com](http://www.cahayaclinics.com)

## Poliklinik Cahaya Branches

45, Jalan 34/154,  
Taman Delima Cheras  
56100 Kuala Lumpur  
Tel: +603 9101 9894  
Fax: +603 9101 1796

No 90, Solok Pendamar Indah 1,  
Taman Pendamar Indah,  
42000 Port Klang  
Selangor Darul Ehsan  
Tel: +603 3168 6510  
Fax: +603 3165 6510

No 79, Jalan Kampung Pandan,  
55100 Kuala Lumpur  
Tel: +603 9285 1773  
Fax: +603 9281 5730

Unit MFB-1, Mezzanine Floor,  
Sunway Tower, No.86, Jalan  
Ampang,  
50450 Kuala Lumpur  
Tel 03 2070 8655  
Fax: 03 2070 8788

No.1, Blok A,  
Jalan P8C/2, Presinct 8,  
62250 Putrajaya  
Tel 03 8889 5988  
Fax: 03 8889 5988

No.17, Jalan Pandan Perdana 4/5,  
Pandan Perdana  
55300 Kuala Lumpur  
Tel 03 9200 1707  
Fax: 03 9201 1118

No.74, Jalan Padang Belia,  
Off Jalan Tun Sambanthan 4,  
50470 Kuala Lumpur  
Tel 03 2274 3810  
Fax: 03 2276 0669

Dear Sir/Madam,

## **APPLICATION FOR APPOINTMENT AS PANEL CLINIC**

Thank you for your interest in our healthcare services. Here in Poliklinik Cahaya group of clinics, we strive to provide the best healthcare services to move towards excellence as a team.

Poliklinik Cahaya was established in 1997 and currently we have seven clinics in the Klang Valley. With increasing efficiency and trust from customers, we are always in the process of expanding our practice and business to better serve our customers.

Our clinics are managed by a group of doctors who are fully registered, qualified and dedicated to our work. We offer medical and healthcare services at the primary care level and conduct health and safety education programs for companies in various industries.

It is our honor to be appointed as one of your panel clinic/group of clinics. More information on the services and facilities are attached herewith. Please do not hesitate to contact us for further enquiries.

**Thank you.**

**Yours sincerely,**

**Dr Pasupathi Nadarajan**

**Managing Director  
Cahaya Polyclinics**

Please note that this form can be filled online at:  
[http://www.cahayaclinics.com/cahaya\\_panel\\_application.htm](http://www.cahayaclinics.com/cahaya_panel_application.htm)

**PANEL CLINIC APPOINTMENT FORM**

*(Please tick where relevant)*

**We wish to appoint these clinics as our panel:**

- POLIKLINIK CAHAYA (ALL BRANCHES)**
- Or*
- POLIKLINIK CAHAYA, CHERAS
- POLIKLINIK CAHAYA, PANDAMARAN
- POLIKLINIK CAHAYA, KG PANDAN
- POLIKLINIK CAHAYA, PUCHONG JAYA
- POLIKLINIK CAHAYA, PUTRAJAYA
- POLIKLINIK CAHAYA, PANDAN PERDANA
- POLIKLINIK CAHAYA, BRICKFIELDS
- POLIKLINIK CAHAYA, TEMERLOH

**COMPANY INFORMATION**

Company Name: .....

Company Address: .....

.....

.....

.....

Tel: ..... Fax: .....

E-mail address: ..... No. of Employees: .....

Contact Person : ..... Designation : .....

**FACILITIES CHARGEABLE**

Normal Medical Treatment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Minor Surgery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Essential laboratory/ urine tests	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Chest X-ray	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Ultrasound /ECG	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Vaccination/Immunization	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Pre-employment Medical Exam	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>
Others: .....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Call HR	<input type="checkbox"/>

**EMPLOYEE / PATIENT IDENTIFICATION METHOD** (Please tick only one)

- Name list provided (please inform clinic promptly of any updates)
- Company Authorization Slips /Books / Cards
- Clinic Attendance Chit /Slip
- Staff Tag / Company ID Card
- Others (please specify): .....

**ELIGIBILITY OF MEDICAL COVERAGE**

Company Employees only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family members covered	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family of All Employees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family of Management only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Including children's vaccination under MOH* guidelines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Including pregnancy (antenatal/postnatal) care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**CHARGES LIMITATION/REQUEST**

Please charge according to clinic rates

Please limit charges to maximum of RM..... per visit (Minimum RM30 and except in emergency cases)

I hereby agree to the terms and conditions mentioned in this letter. We shall pay all medical bills within 30 days from the date of receipt of invoice. Either party may terminate relationship by giving 14 days written notice to the other party.

**Authorized Signature :**

**Company Stamp :**

.....

.....

**Name:** ..... **Date:** .....

**Designation:**.....

**Please complete this form and return to us by postal/fax/e-mail, addressed to :**

Manager,  
**POLIKLINIK CAHAYA SDN BHD**  
45, Jalan 34/154,  
Taman Delima Cheras  
56100 Kuala Lumpur  
Tel: +603 9101 9894 Fax: +603 9101 1796  
Email: [admin@cahayaclinics.com](mailto:admin@cahayaclinics.com)

## Services

1. AIDS Screening
2. Antenatal/Postnatal Check-up
3. Blood Biochemistry and Serological Investigation
4. Blood Group Screening
5. Blood Pressure Examination, Interpretation and Advice
6. ECG Examination, Interpretation and Advice
7. Eye Examination Including Fundoscopy & Minor Surgery
8. Ear, Nose and Throat (ENT/ORL) Examination & Minor Procedures Including Screening for Auditory Status
9. Executive Blood Profile
10. Foreign Workers, Housemaids Screening Profile
11. Family Planning Counseling, Treatment and (IUCD) Loop insertion
12. G6PD Screening for Infants and Children
13. Hepatitis B Screening, Immunization and Counseling
14. Immunization
15. Infertility Screening, Treatment and Advice
16. Medical Check-up (pre-employment and annual check-up)
17. Nebulizer Facilities
18. Medical Treatment for Male Pattern Baldness & Other Hair Disorders
19. Minor Surgery
20. Excision & Removal of lumps, bump, breast lumps
21. Circumcision
22. Warts, keloid and Moles
23. Suturing
24. Wound Care
25. Oxygen tank resuscitator available for treatment of acute emergencies
26. Pimples (Acne Treatment)
27. Pregnancy Treatment
28. Pap Smear Examination
29. STD ( Venereal Diseases) Screening & Treatment
30. Urine Examination (FEME – Full Electron Microscopic Examination)
31. Ultrasound Screening Facilities for Pregnant Women
32. X-rays