ELECTRONIC MEDICAL RECORD SYSTEM (MEDSYS)

REGISTRATION FORM

USER INFORMATION	
Name	
NRIC/Passport	
Designation	
Grade	
MPM Registration Number (Doctor only)	
Department	
Contact No	
Email Address	

Applicant :	Head of Department Endorsement :
_____	_____
Name :	Name :
Date :	Designation :
	Date :

ADMINISTRATOR (ICT)	
Date Received	
Created Date	
Username	
Password	

Role

- ☐ Registration
- ☐ Doctor
- ☐ Medical Assistants
- ☐ Nurse
- ☐ Lab Personnel
- ☐ Admin Lab Personnel
- ☐ Pharmacy MA
- ☐ Pharmacist
- ☐ Radiology
- ☐ System Administrator

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