

BORANG ADUAN BAIKPULIH PERALATAN PERUBATAN (Unscheduled Maintenance Request Form)



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life
Format Ref. - QMS/TSD-024(M) Rev.00

Bagi membantu kami mendaftarkan aduan anda, sila pastikan borang ini diisikan dengan lengkap.

To assist us to register your complaint, please complete this form as clearly as possible.

MAKLUMAT PELANGGAN <i>Customer Information</i>	
*Nama Pengadu: <i>Requestor Name:</i>	
*Jawatan: <i>Designation</i>	*No. Telefon: <i>Phone No</i>
*Nama Klinik: <i>Clinic Name</i>	*Kategori Klinik: Klinik Pergigian <input type="checkbox"/> Klinik Kesihatan <input type="checkbox"/>
*Kod Klinik : <i>Clinic code</i>	*Jenis Klinik: <i>Clinic type</i>
*Negeri: <i>State</i>	*Daerah: <i>District</i>
*KETERANGAN PERALATAN <i>Equipment Information</i>	
*No BE: <i>BE No</i>	
*Kategori /Jenis BE : <i>Category /BE Type</i>	
*Jenama: <i>Brand</i>	*Model: <i>Model</i>
*KETERANGAN ADUAN <i>Nature of complaint</i>	
QMS SAHAJA <i>QMS Only</i>	
NO ADUAN KERJA: <i>Work Request No:</i>	DIKEMASKINI OLEH: <i>Updated by:</i>

*MAKLUMAT YANG **MESTI** DIISI AGAR ADUAN BOLEH DIDAFTARKAN.

** Indicates information we **MUST** have to register your complaint.*

(SILA FAXKAN BORANG YANG TELAH LENGKAP KE **+603 – 2724 2200**
ATAU EMAILKAN KE **becomplaint@qms.com.my**)