

Date: _____

AXA LIFE INSURANCE SINGAPORE PTE LTD

Examination Service Fax Order Form

PRIVATE AND CONFIDENTIAL

To: **MEDIFAST (S) PTE LTD**

Tel: 6222 3373

Fax: 6222 0090

Mobile Services

In-Clinic Services

PART 1: AGENT'S PARTICULARS

Full Name of Agent: _____ Agent Code: _____

Office Phone: _____ Mobile Phone: _____

Agent's Instruction: Medifast to contact examinee for appointment and other necessary arrangements. Yes / No

PART 2: EXAMINEE'S PARTICULARS

Proposal / Policy Number(s): _____

Full Name: _____ Sex: Male / Female
Surname (Underline)

Date of Birth: _____ / _____ / _____ NRIC / PASSPORT: _____
Day Month Year

Contact Number (Office): _____ (Home): _____ (Others): _____

Preferred Examination Date & Time: _____ / _____ / _____ _____
Day Month Year Time

Examination Address: **(Please tick where appropriate)**

(Mobile Services Only) _____

Nearest Intersection / MRT Station: _____

TAKE NOTE: A surcharge of \$15 will be imposed for areas not accessible by MRT or buses.
 A surcharge of \$10 will be imposed for areas accessible by private shuttle service (with scheduled time).

MediFast Medical Centre
 Novena Medical Centre, No. 10 Sinaran Drive, #11-27, 28 & 29, Singapore 307506

PART 3: TYPE OF SERVICES REQUIRED

PLEASE ATTACH UNDERWRITER'S MEMORANDUM

Required by (Dept): New Business Life Service Dept Others (Please specify): _____

Medical Examination Resting ECG 3 Blood Pressure Reading

Urine FEME (Micro urinalysis) **Female client: test to be taken after 5 – 7 days of menstruation**

Blood test(s) (Please tick specific blood test(s) required):

Liver Function Test		Complete Blood Profile *	
Lipids Profile *		Renal Function Test	
Full Blood Count *		HIV **	
Other:		Other	

Thyroid Function Test	
Fasting Blood Sugar *	
Other	

TAKE NOTE: * EXAMINEE MUST FAST FOR AT LEAST 8 HOURS, PLAIN WATER IS ALLOWED
 ** HIV TEST: HIV CONSENT FORM TO BE SIGNED BY THE EXAMINEE

SPECIAL INSTRUCTIONS (if any): _____ overweight / fine vein / phobia of blood taking

Signature of Agent / Agency Secretary _____ Date: _____