

By Appointment Only

Great Eastern
Examination Service Fax Order Form
PRIVATE AND CONFIDENTIAL

Date: _____

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

Tel: 6222 3373

Fax: 6222 0090

Mobile Services

In-Clinic Services

PART 1: LIFE PLANNER'S PARTICULARS

Full Name: _____ Life Planner Code: _____

Office Phone: _____ Mobile Phone: _____

Group: _____ Location: _____

Life Planner 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 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): Agency Bancassurance Others (Please specify): _____

Medical Examination Electrocardiogram (ECG) GEL/ OAC Panel L (Microurine Cotinine MUC)

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):

<input type="checkbox"/> GEL/ OAC Panel A (Full Blood Test) * (Fasting required)	<input type="checkbox"/> GEL/ OAC Panel E (Liver Profile Studies)	<input type="checkbox"/> GEL/ OAC Panel I (General Screening)
<input type="checkbox"/> GEL/ OAC Panel B (Lipids Test) * (Fasting required)	<input type="checkbox"/> GEL/ OAC Panel F (Liver Function for Known Hepatitis B)	<input type="checkbox"/> GEL/ OAC Panel J (General Screening)
<input type="checkbox"/> GEL/ OAC Panel C (Renal Function Test)	<input type="checkbox"/> GEL/ OAC Panel G (Anaemia)	<input type="checkbox"/> GEL/ OAC Panel K (Diabetic Control) * (Fasting required)
<input type="checkbox"/> GEL/ OAC Panel D (Thyroid Function Test)	<input type="checkbox"/> GEL/ OAC Panel H ** (HIV Antibody Test)	<input type="checkbox"/> GEL/ OAC Panel M (Anti HCV)
<input type="checkbox"/> Other Blood tests: _____		

Other tests (please specify): _____

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: _____