

**HSBC INSURANCE (SINGAPORE) PTE LTD**  
**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: AGENT'S PARTICULARS**

Full Name of Agent: \_\_\_\_\_ Agent Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Office/Location: \_\_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ Time \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ Time  
Day Month Year Day Month Year

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**

Medical Examination  Resting ECG  3 Blood Pressure Reading

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

Urine Phrase Contrast (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 *	Thyroid Function Test
Lipids Profile *	Renal Function Test	Fasting Blood Sugar *
Full Blood Count *	HIV **	HB A1c *:
Other:	Other	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: \_\_\_\_\_