

Manulife (Singapore) Pte Ltd

Examination Service Fax Order Form

Date: _____

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: _____

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: ____/____/____ ____:____:____
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): New Business Group Alt Distribn 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):

**MNL #1	*MNL #2	MNL#3A
MNL#3B	*MNL#4A	*MNL#4B
MNL#5	MNL#6	MNL#7
*MNL#8	*MNL#9	OTHERS:

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: _____