

By Appointment Only

Zurich International Life
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 Broker: _____ Broker's Code: _____

Office Phone: _____ Mobile Phone: _____

Broker's 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

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

Mobile Paramedical Examination

| | | | |
|--|--|--|--|
| Paramedical with Urine | | Paramedical w Blood Test 1,HIV,HBsAg,HCV & ECG | |
| Paramedical with Blood Test 1 & Urine | | Paramedical w Blood Test 1,HIV,HBsAg,HCV & Blood Test 2 | |
| Paramedical w Blood Test 1,HIV,HBsAg & HCV | | Paramedical w Blood Test 1, HIV,HBsAg,HCV,Blood Test 2 & ECG | |
| Paramedical w Blood Test 1 & ECG | | Others | |

In Clinic Service

| | | | |
|---|--|--|--|
| Medical Exam w Blood Test 1,HIV,HBsAg, HCV, Blood Test 2 ,ECG & Treadmill | | Medical Exam w Blood Test 1, Blood Test 2, ECG & Treadmill | |
| Others | | | |

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

Signature of Broker: _____ Date: _____