By	Appointment	Only
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	AVIVA 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: 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:Surname (Underline)	Sex: Male / Female		
Date of Birth: // Day Month Year	NRIC / PASSPORT:		
Contact Number (Office) : (Home)	: (Others):		
Preferred Examination Date & Time: // Day Month Year Time Day Month Year Time Day			
Examination Address: (Please tick where appropriate)			
□ (Mobile Services Only)			
Nearest Intersection / MRT Station:	by MDT or buson		
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 Bancass	surance Others (Please specify):		
Medical Examination Resting E	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) require	d):		
Aviva Panel 1 * Aviva Panel 2 *	Aviva Panel 3		
Aviva Panel 4 Aviva Panel 5	Aviva Panel 6		
Aviva Panel 7 Aviva Panel 8 **	Aviva Panel 9 **		
Aviva Panel 10 * Aviva Panel 11	Other Blood Test		
TAKE NOTE: * EXAMINEE MUST FAST FOR AT LEAST <u>8 HOURS.</u> PLAIN WATER IS ALLOWED ** <u>HIV TEST</u> : 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:			