| Referred by BR/DO: | Code: | Agency Code |
|--|---|---|
| То, | | |
| Dr Agent Contact No | | |
| Referring herewith Mr./Mrs.: | | Aged: Years. |
| Kindly examine him/her clinically as pe investigation given below | er the arrangements/agre | eement with you for the package of |
| | (Rs. 1300/-) | |
| Physical Examination | n | |
| Blood Sugar (fasting) | | |
| Lipid Profile | | |
| Serum Creatinine | | |
| Urine routine and mid | croscopic exami | ination |
| • Eye checkup (includi | ng retinoscopy) | |
| We request you to check the identification of p We also request you to send the medical r Information to be declared and filled by Propos | eport directly to Adroit Cons | |
| I Mr./Mrs. | | (Authorised Signatory) NATIONAL INSURANCE CO. LTD. |
| Understand that the investigation package mentic agree that thus pre-insurance hearth will be aff proposed to purchase with a specific reference understand that this reference for medical exami my proposal or deciding about the sum insured. | ect terms and conditions and e for first year exclusion relatir | exclusions to the Mediclaim policy which I ng to pre-existing diseases. Further I also |
| Date: | Signat | ure: |
| N.B. | | |
| | ealth Check-Up with minimum 1 | 2 hrs fasting. That means the proposer can |
| have a plain water intake during this 12 hrs a during examination the proposer should not co | along with usual medicines. Hownsume any food material or beve insume any food material or beve | erage during this 12hrs after the last food. |
| have a plain water intake during this 12 hrs a during examination the proposer should not co 2. The proposer should carry any one out above m | along with usual medicines. How nsume any food material or beve entioned identification docume | erage during this 12hrs after the last food. |
| have a plain water intake during this 12 hrs a during examination the proposer should not co 2. The proposer should carry any one out above man a) Passport | along with usual medicines. How nsume any food material or beve entioned identification docume b) Income-Tax Per | erage during this 12hrs after the last food. nt along with them for identification. |
| | olong with usual medicines. How nsume any food material or beve entioned identification docume b) Income-Tax Per d) Identity Card Is bove documents, than they s | erage during this 12hrs after the last food. nt along with them for identification. manent Account Number sued by the employer |

Contact Nos. 28678736 / 28605544 / 66979643 / 932391 4877. Fax No. 2860 5544, e-mail: drmdg1973@gmail.com

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