

# MEDICAL FAX REQUEST FORM

Doctor

Date of appointment (dd/mm/yyyy)

Time of appointment

Dear Doctor

We would like to request the following medical examinations for our client (life assured).

**Proof of identity (ID)**

Before performing the examination tests please check the client's ID. The client has been asked to bring their passport or other photographic proof of ID, such as ID card/driving licence to their medical examination. It is important that you do not carry out the medical examination if the client has not provided proof of ID or you are not satisfied as to their ID.

**Details of client**

Title  Mr  Mrs  Miss  Other (in full)

Client name

Policy number

Name of authorised adviser

**Medical testing required**

- Medical Examination with microscopic and micro chemical urinalysis
- Fasting Lipid Profile (Cholesterol, HDL, LDL and Triglycerides)
- Fasting Blood Sugar
- HbA1c
- Liver Function Tests
- Renal Function Tests
- Full Blood Count and ESR
- Prostate Specific Antigen
- Bruce Protocol ECG (min heart rate 220 minus Age x 85%) with at least 5min recovery
- Echocardiogram
- Hepatitis B & C
- HIV 1 & 2 test
- Full Hepatitis Profile
- Pulmonary Function Tests

**Clients are requested to fast for 14 hours prior to medical appointment. No food or drink is allowed except for water.**

On completion of the above medical tests please hand deliver/courier urgently the original reports marked to:  
Underwriting Department, RL360, c/o Office 1402, 14th Floor, Single Business Tower, Sheikh Zayed Road, Dubai, UAE.  
along with copy of this fax request. Results of these medical examinations are confidential and should not be disclosed to anyone.

Sender's full name

Address

Telephone number

**DATA PROTECTION**

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