



THE ORIENTAL INSURANCE CO. LTD.

REFERRAL SLIP FOR EXAMINATION AND INVESTIGATION FOR PRE-INSURANCE HEALTH CHECKUP

Referred by BR/DO: _____ Code: _____ Agency Code _____

To,

Dr. _____ Agent Contact No. _____

Referring herewith Mr./Mrs.: _____ Aged: _____ Years.

Kindly examine him/her clinically as per the arrangements/agreement with you for the package of investigation given below

Age Group Exceeding		
45-55 (Rs. 850)	Above 55 Year (Rs.1600)	Above 60 Year (Rs.2000)
1) Physical Examination 2) Urine (Microalbumin) 3) Gylcosylated Haemoglobin 4) Cholesterol 5) X-Ray Both Knees 6) Ultrasonography (whole Abdemen & Pelvis) 7) ECG. 8) Complete Eye Test Including Fundus Etc.	1) Physical Examination 2) Urine (Microalbumin) 3) Gylcosylated Haemoglobin 4) Ultrasonography (whole Abdemen & Pelvis) 5) X-Ray Both Knees (AP&Lateral) 6) Complete Eye Test Including Fundus Etc 7) Stress Test (TMT)	1) Medical Examination 2) CBC with ESR 3) Lipid Profile 4) HbA1c 5) S. Creatinine 6) Urine - Routine & Molecular 7) ECG 8) TSH 9) X-Ray Chest 10) USG 11) Eye Examination - Fundus & Glaucoma

We request you to check the identification of proposer on the basis of verification of documents agreed upon earlier. We also request you to send the medical report directly to Adroit Consultancy Medicolegal Service Services. Information to be declared and filled by Proposer / Insured

I Mr./Mrs. _____ **(Authorised Signatory)**
THE ORIENTAL INSURANCE CO. LTD.

Understand that the investigation package mentioned will be able to detect all the existing diseases or ailments and therefore agree that thus pre-insurance health will be affect terms and conditions and exclusions to the Medclaim policy which I proposed to purchase with a specific reference for first year exclusion relating to pre-existing diseases. Further I also understand that this reference for medical examination does not bind the insurer about the acceptance non-acceptance of my proposal or deciding about the sum insured.

Date:

Signature:

N.B.

1. Proposer is required to go pre-acceptance Health Check-Up with minimum 12 hrs fasting. That means the proposer can have a plain water intake during this 12 hrs along with usual medicines. However, this usual medicines to be declared during examination the proposer should not consume any food material or beverage during this 12hrs after the last food.
2. The proposer should carry any one out above mentioned identification document along with them for identification.

a) Passport

b) Income-Tax Permanent Account Number

c) Driving License

d) Identity Card Issued by the employer

e) If the individual does not have any of the above documents, than they should carry a copy of ration card along with original card and 2 passport size photographs.

Office Use Only



ADROIT CONSULTANCY MEDICO LEGAL SERVICES

Prathamesh Horizon, New M.H.B. Colony, New Link Road, Borivali (West), Mumbai - 400 091

Contact Nos. 28678736 / 28605544 / 66979643 / 932391 4877.

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To download this form log on to website : www.medicolegal.in