



**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)                        |
| 1) Physical Examination                     | 1) Physical Examination                        |
| 2) Urine (Microalbumin)                     | 2) Urine (Microalbumin)                        |
| 3) Gyleosylated Haemoglobin                 | 3) Gyleosylated Haemoglobin                    |
| 4) Cholesterol                              | 4) Ultrasonography<br>(whole Abdemen & Pelvis) |
| 5) X-Ray Both Knees                         | 5) X-Ray Both Knees (AP&Lateral)               |
| 6) Ultrasonography (whole Abdemen & Pelvis) | 6) Complete Eye Test Including Fundus Etc      |
| 7) ECG.                                     | 7) Stress Test (TMT)                           |
| 8) Complete Eye Test Including Fundus Etc.  |  |

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

(Authorised Signatory)

I Mr./Mrs. \_\_\_\_\_ 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 hearth will be affect terms and conditions and exclusions to the Mediclaim 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
- c) Driving License

- b) Income-Tax Permanent Account Number
- 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

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|  <p><b>ADROIT CONSULTANCY MEDICO LEGAL SERVICES</b><br/>Prathamesh Horizon, New M.H.B. Colony, New Link Road, Borivli (West), Mumbai - 400 091<br/>Contact Nos. 28678736 / 28605544 / 66979643 / 932391 4877.<br/>Fax No. 2860 5544, e-mail: drmdg1973@gmail.com<br/>To download this form log on to website : w w w medicolegal.in</p> |  |
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