

# Prestige Insurance Pathology Pty Ltd

ABN: 24 169 019 792

Medical & Paramedical Services

255 Homer St, Earlwood NSW 2206

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Email: [prestige@prestigepathology.com.au](mailto:prestige@prestigepathology.com.au)

## REQUEST FOR MEDICAL & PARAMEDICAL SERVICES

FAX: 02 9558 7004 OR 02 9559 2973

Date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Clients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Mobile: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ App. No: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### TESTS REQUIRED (Please tick)

- |   |  |
|---|--|
| <input type="checkbox"/> HIV  | <input type="checkbox"/> Serum Cotinine                      |
| <input type="checkbox"/> MBA  | <input type="checkbox"/> Resting ECG                         |
| <input type="checkbox"/> HDL, LDL                                   | <input type="checkbox"/> Paramedical                         |
| <input type="checkbox"/> Hepatitis B antigen                        | <input type="checkbox"/> Quick / Fast Check/ Medi Quick      |
| <input type="checkbox"/> Hepatitis C antibody                       | <input type="checkbox"/> GP Medical                          |
| <input type="checkbox"/> Micro-urine                                | <input type="checkbox"/> Specialist Medical with resting ECG |
| <input type="checkbox"/> FBC, ESR                                   | <input type="checkbox"/> Stress (Exercise) ECG               |
| <input type="checkbox"/> Other requirements (please indicate) ..... |  |

Authorised (ie. Agents) signature .....

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### TO BE COMPLETED BY CLIENT AT TIME OF TEST

This section is to be completed, dispatched and returned to the Insurance Company with the results.

I acknowledge that the tests nominated above will be performed. Where one is the presence of antibodies to the AIDS virus, I acknowledge that I have read the material provided by the Insurance Company on the implications of and AIDS test and I understand the significance of the test.

Life Insured's signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_