In Collaboration with

PREVENTIVE healthcare™

PANTAI HOSPITALS

CHECK-UP NOMINATION FORM

MEMBER PARTICULARS

Subscription ID

Name

Contact No. (H) Fax No.

Contact No. (H)

Email _____

I hereby acknowledge nomination of my check-up entitlement to the following person:

NOMINEE AND CHECK-UP BOOKING DETAILS

Patient's Name

NRIC - - Age: ____ Gender: ☐ M ☐ F

Contact No. Email: _____

Health Screening

1st choice: Date (_ _/_ _/_ _ _ _)

2nd choice: Date (_ _/_ _/_ _ _ _)

3rd choice: Date (_ _/_ _/_ _ _ _)

Time: _____ **Hospital Choice:** _____ **Language(s) Preferred:** _____

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Installment Paid ☐ **Yes** ☐ **No** **Due** _____

Re-enrollment Fee Paid ☐ **Yes** ☐ **No** **Due** _____

Appointment Booking No. _____

Remarks Enrolment No.: D.O.J: HC:

% Paid:

Processed by _____ Authorized by _____

Name: Name:

Date: Date:

IMPORTANT:

1. A minimum of seven (07) days of notice is required for this booking, failing which it will not be entertained.
2. To avoid forfeiture of your health screening benefit, cancellation of confirmed booking(s) should be done at least three (3) days prior to health screening date.
3. Please assure that the Re-enrollment fee and your Account status are current.
4. Nominees are to be 19 years old and above.

Preventive Healthcare Sdn Bhd (763111-W)
Penthouse, 1-11, The Boulevard Offices, Mid Valley City, 59200 Kuala Lumpur
Tel: 1300-88-5433 Fax: 03-2283 5433 Email: bookings@preventivehealthcare.com.my