

ADDITIONAL MEDICAL - LAB TEST REQUISITION FORM

Dear Customer,

Kindly get in touch with Our Manager, who will explain the medical process to you and fill this Lab Test Requisition Form (LTRF). This doctor copy is given to you and you should submit it at the diagnostic centre when you go for medical check-up. You should be fasting for 12-14 hours (overnight) prior to undergoing blood tests and routine urine examination. Except water, please do not take any other liquids or food during the fasting period. Our Manager will arrange your medical appointment, based on your convenience and inform you the date and time.

Kindly carry a photo identity in the form of a Passport or Driving License or Company / Defense ID card or PAN card or Credit card with photo or Voters card before attending the medical examination.

To be filled by BDM	
Medical Center Name	CRO Code
CRO Signature	CRO Name
CRO's Mobile No	Branch Name
Doctor's Co	
Application No	
Name of Life to be Assured	
Plan Name	
Additional Test Required	
Authorization by client : I hereby authorize IndiaFirst Life Insurance Co Ltd / or it's approved medicalcentre / doctor to perform the necessary medical assessment and tests to underwrite and evaluate my health status.	
To be filled b Medical Examiner / Doctor:	
Type of Client photo ID proof checked :	
Date : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Doctor's Signature: <input type="text"/>
Place: <input type="text"/>	Seal / Stamp : <input type="text"/>
Client Signature : (To be signed in presence of Medical Examiner / Doctor)	

Date:

Place:

Signature of Life to be Assured