

This form can be found and print out at : www.healthscreening.sg/bookingform.pdf**REGISTRATION BOOKING FORM:** May use Tick or circle below. Fill in the person particular for the appointment:This Appointment is Booking For : Myself | Sibling | My Friend | Spouse | My Parent | Relative | Staff : Others:
_____ :

Fill in the person particular for the appointment for screening.

Name*: _____ NRIC/Passport No.*: _____

(Same as in NRIC / Passport)

Company: _____ Bill to company / personal.

Company / Home Address*: _____

_____ Postal code (dist Code) : _____ Date of Birth* : MM/DD/YYYY

Gender*: Female | Male Nationality*: _____ Citizenship: _____ Race*: _____ Marital
status: Single/Marriage/ _____ Country From*: _____ Language Spoken: English/ Chinese /

Mandarin Others Language Spoken: _____ Home Contact Number * : _____

Mobile Contact Number * : _____ Email*: _____ .

Please check your email and provide a correct email clearly stated and able to read | send - :

Tick or circle Below: **You may ignore if you don't wish to add on.**Optional items Add on, if you want to add or otherwise ignore / ignore the items if your package already include.: Please refer to the web page
about the add on <http://www.healthscreening.sg/add-on-health-screening.html> to fill in here _____.

Preferred Package : _____ (Package code) : _____ Preferred Venue: _____

Please refer to our site www.healthscreening.sg for the package name and code:

Preferred Appointment Date*: MM/DD/YYYY _____ . Preferred Time Slots: _____ Remark: Your Message :

Payment: online payment by [] paypal | [] cheque | cash | [] e banking online transfer |

Take note: Chose online credit card online or paypal will have 4% additional

May tick or circle the below:Please full in the following, if above booking is not for yourself: (You would be the central person to communicate with us for the screening appointment
/ Be the Billing person / bill to company)

Name: _____ Contact _____ : _____ / _____ email : _____

Company: _____ . Company/Home Address: _____

_____ PostalCode: _____

How you get to know about us?: _____ Keyword search you used to search us: _____

Invoice bill to: above particular / company / to me:

This Appointment is Booking For : | Sibling | My Friend | Spouse | My Parent | Relative | Staffs | Client | other:

Please check a tick on the box, and log in the terms and condition at : <http://www.healthscreening.sg/terms.html>[] I agreed and already read the terms and conditions from (<http://www.healthscreening.sg/terms.html>) **Compulsory to read the terms
and tick, and we will deem you agreed the terms once we received your fax or email this form, or when accepted our arrangement even
without the tick.****Send this form by email to : booking@healthscreening.sg after filled in, Fax during 9.30am to 4.30pm, call us or email us for the fax
number or otherwise pdf by email .****Your appointment will be confirmed by email within 2 days or 48 working hours. (our office hour 9am to 5pm Monday to Friday)****Please take note, all submission after 4.00pm on any day and holiday eve will proceed on following working day.**