DATA SHEET for TPA Medical

Name of Proposer_____

Address_____

_____

_____

Telephone/Mobile Number_____

E-mail ID_____

REPORTS REQUIRED

Please tick the relevant box

	FMR		CTMT
	Rest ECG		HbA1c
	FBS		Chest X-Ray
	Lipidogram		Physician Report
	Hb%		Deformity Questionnaire
	Elisa for HIV		Gynecologist Report
	RUA		
	SBT-13		
	Haemogram		

Kindly arrange to get the above proponent medically examined under the TPA system.

_____

Signature of Agent/DO

Name of Agent/DO_____

Agency/DO Code_____

Branch Name/Code_____

Mobile Number_____