

**PARAMED FAX
ORDER FORM**

**Medifast Fax: (604)733-3768
Hooper Holmes Fax: 1-888-991-9119
Bodimetrics Fax: (604) 526-8387
Medisys Fax: 1-800-382-5558
ExamOne Fax: (604) 872-0756**

AGENT INFORMATION

Date:

Insurance Company			
Agency/Branch Name	Complete Brokerage Services Inc. / Hub Financial BC		
Agent Name		Tel:	

CLIENT INFORMATION

Last Name		First Name	
Gender			
Date of Birth	(dd-mmm-yyyy)		
Address			
Contact Info:			
Home Phone #		Business Phone #	
Mobile Phone #		Other #	
Policy App. No		Amount \$	
Product Type		Other Product	

MEDICAL REQUIREMENT(S)

- | | |
|--------------------|--|
| Chest X-Ray | Paramedical |
| Doctor's Medical | Saliva Test |
| ECG (Resting) | Special Medical (Internist/Cardiologist) |
| Full Blood Profile | Stress ECG |
| Hepatitis Screen | Urine Specimen |
| HIV Urine | Vital Statistic |
| Mini Blood Profile | |
| Other (specify) | |

EXAMINATION DETAIL

Language	English	Cantonese	Mandarin	Other
Remarks				