

SURAT PENGANTAR PEMERIKSAAN KESEHATAN (INDIVIDUAL)

Tanggal/date: _____

Kepada Yth/Dear Mr/Mrs _____

Nomor SPAJ/K:

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SPAJ/K Number

Harap fotocopy dan simpan bukti identitas yang digunakan waktu pemeriksaan
Please take a copy and keep client identity card that used during the examination
Cocokkan wajah nasabah apakah sesuai dengan identitas tersebut
Please verified the customer's face with the identity.

Dengan hormat,

Dear Doctor,

Harap dilakukan pemeriksaan untuk:

(Kindly perform/conduct medical examinations for)

Name (Name) : _____

Tanggal Lahir (Date of Birth) : _____

Usia (Age): _____

Sesuai dengan pilihan dibawah ini (According to the choise below):

- Type A : Pemeriksaan Dokter (*Physical examination and medical history*)
- Type B : • Pemeriksaan Dokter (*Physical examination and medical history*)
• Analisa Urine Lengkap (*Urine Analysis*)
• Elektro Kardiogram (*ECG*)
- Type C : • Pemeriksaan Dokter (*Physical examination and medical history*)
• Analisa Urine Lengkap (*Urine Analysis*)
• Elektro Kardiogram (*ECG*)
• Analisa Darah (*Blood Analysis*):
Hemoglobin, Eritrosit, Leukosit, Hitung jenis, Laju Endap Darah, Ureum, Creatinine, SGOT, SGPT, Gamma GT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Gula Darah Puasa, HBsAg, Tes HIV, HBA1c, Anti HCV
(*Haemoglobin, Erythrocyte, Leucocyte, Differential Count, ESR, Blood Urea, Creatinine, SGOT, SGPT, Gamma GT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Fasting Blood Sugar, HBsAg, HIV Screen, HBA1c, Anti HCV*).
- Type D : • Pemeriksaan Dokter (*Physical examination and medical history*)
• Analisa Urine Lengkap (*Urine Analysis*)
• Tes Treadmill (*Treadmill Test*)
• Analisa Darah (*Blood Analysis*):
Hemoglobin, Eritrosit, Leukosit, Hitung jenis, Laju Endap Darah, Ureum, Creatinine, SGOT, SGPT, Gamma GT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Gula Darah Puasa, HBsAg, Tes HIV, HBA1c, Anti HCV
(*Haemoglobin, Erythrocyte, Leucocyte, Differential Count, ESR, Blood Urea, Creatinine, SGOT, SGPT, Gamma GT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Fasting Blood Sugar, HBsAg, HIV Screen, HBA1c, Anti HCV*).
- Lain-lain (Others): _____

Mohon softcopy hasil pemeriksaan dikirim melalui email ke Medical_Submit_ID@manulife.com dan hasil pemeriksaan asli dikirim dalam amplop tertutup ke
Please send the softcopy medical result via email to Medical_Submit_ID@manulife.com and send the original result in sealed envelope to:

PT Asuransi Jiwa Manulife Indonesia - Individual Underwriting Dept.

Sampoerna Strategic Square, South Tower | Jln. Jenderal Sudirman Kav. 45-46, Jakarta 12930 | Telp: (021) 2555 7788

Demikian kami sampaikan dan atas kerjasamanya kami ucapkan terima kasih.

(Thank you for your cooperation)

Hormat Kami

Tanda Tangan dan Nama Jelas

Kode Tenaga Pemasar : _____

Kantor Pemasaran : _____

Catatan/Note:

- Pemeriksaan Dokter harus menggunakan Formulir yang disediakan oleh Manulife Indonesia.
Physical examination & medical history should be using the form from Manulife Indonesia.
- EKG serta treadmill test agar disertai dengan interpretasinya oleh dokter ahlinya.
ECG and treadmill test should be interpreted by cardiologist respectively.
- Klinik/RS harus meneliti kartu identitas calon dan harus dicantumkan nomor identitas tersebut pada lembar hasil pemeriksaan.
Clinic/Hospital must check the person ID and put the ID number ok the result.
- Salinan surat pengantar ini harap dilampirkan beserta hasil pemeriksaan dan kuitansi penagihan.
Please attach a copy of this letter with medical result and receipt.