



تکافل عمان للتأمين ش.م.ع.ع.  
TAKAFUL OMAN INSURANCE SAOG

## MEDICAL TEST REQUEST FORM

MTRF No	123	Office Name	Head Office
MTRF Date	10-9-2023	MTRF Valid Upto	10-10-2023

## DETAILS OF THE APPLICANT

Name	Customer Name
DOB	10-01-1998
SEX	MALE
Civil ID	3322333
Mobile No	88885555

## MEDICAL CENTER DETAILS

Name of the centre	Alpha
Location	Beta
Contact Person	ALI
Contact Number	88552222

Date of Appointment	05-10-2023	Time of appointment	10:00 AM
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Medical Cost needs to be borne by :	Company (Dhofar Insurance Company)
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## DETAILS OF MEDICAL TEST

1. Medical Examination Report	Yes	2. Urine Analysis	No
3. Lab 1 (Complete Blood Count (Haemogram), HbA1c, Serum Creatinine)	Yes	4. ECG (Electrocardiogram)	Yes
5. Lab 2 (Complete Blood Count (Haemogram), HbA1c, Serum Creatinine, Lipid Screening (Total Cholesterol, HDL Cholesterol, LDL Cholesterol and Triglycerides), Liver Function Test (SGPT, SGOT, GGT, Total Bilirubin), HBsAG)			No
6. TMT	No	7. HIV (Human Immunodeficiency Virus) & HCV (For Hepatitis C)	No
8. Others			

Authorized Signatory

## INSTRUCTIONS FOR THE CUSTOMER

1. Kindly carry original Civil ID / Resident ID
2. Please wear sports shoes and apparel (dress) for conducting Treadmill test, if applicable

## INSTRUCTIONS TO THE MEDICAL CENTER

1. Please ensure that all details regarding the customer have been correctly entered in the MER form and reports
2. Please verify Applicant's Civil / Resident ID before conducting the test and provided stamped copy with the test reports
3. Do not perform tests not mentioned in this request
4. Do not handover the medical reports anyone other than us. Please e-mail scanned copies to : lifeuw@dhofarinsurance.com
5. ECG Tracings should be signed by the Physician with his / her comments
6. TMT Tracings should be signed by the Cardiologist with his / her comments