Our Ref. : L«=ref\_id»/«=year\_month»/DABC/MSPD/DMAFMH

Date : «=ref\_date»

**«service\_provider.title.name.titleize:if(»«=service\_provider.title.name.titleize» «service\_provider.title.name.titleize:end»Dr. «=service\_provider.name.titleize» Radiologist Code: «=service\_provider.code»**

«=service\_provider.xray\_facility\_name.tit»

«=service\_provider.address1.titleize»

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«=service\_provider.address2.titleize»

«service\_provider.address2.titleize:endIf»

«service\_provider.address3.titleize:if(pr»

«=service\_provider.address3.titleize»

«service\_provider.address3.titleize:endIf»

«service\_provider.address4.titleize:if(pr»

«=service\_provider.address4.titleize»

«service\_provider.address4.titleize:endIf»

«=service\_provider.postcode» «=service\_provider.town.name.titleize»

«=service\_provider.state.name.titleize»

Dear Doctor,

**APPROVAL LETTER FOR THE CHANGE OF ADDRESS - REPORTING RADIOLOGIST WITH FOMEMA SDN. BHD.**

We are pleased to inform you that your application for the change of address has been approved

The agreement for Registered Reporting Radiologist which had been signed by your goodself, had been forwarded to you earlier.

For further information, please contact our Management of Service Providers Department (MSPD) at 03-2782 8777 or via e-mail at [mspd@fomema.com.my](mailto:mspd@fomema.com.my).

We look forward to a mutually beneficial working relationship with you to ensure the quality and integrity of the mandatory health-screening programme and for the interest of the health of our nation.

Thank you.

Yours faithfully,

**FOMEMA SDN. BHD.** *199601032301 (404653-V)*

**«=signee\_name»**

«=signee\_position\_1»

«=signee\_position\_2»