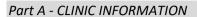
PANEL APPLICATION FORM





Name of Clinic	
Clinic Address	
State	Postcode
Email Address	Perkeso Panel Yes No
Telephone No	Fax No
Type of Sole Proprietor Partnership	Group InHouse Clinic
Visit Type GP DT SP	AD Others
OPERATING HOURS 24 hours Non 24 hours	
LAB TESTS AND EQUIPMENT AVAILBLE	
Lab Test Yes No X-Ray Yes No	X-Ray Yes No Resuscitation Equip. Yes No
REFERRAL - EMERGENCY / TRAUMA CENTRE AND LAB	
Specialist Centre / Hospital	
Name 1	
Name 2	
Laboratory referred to Name 1	
Name 2	
BANK ACCOUNT DETAILS	
Name of Bank:	Branch:
Account No:	Payee name:
DETAILS OF PERSON IN-CHARGE (Payment related matters)	
Name: Mobile No:	Email:
PANEL PERSON IN-CHARGE	
Name:	
Mobile No:	Office No:
——————————————————————————————————————	
PANEL PERSON IN-CHARGE Name:	1

PANEL APPLICATION FORM



Part B - OWNER'S INFORMATION

Name - 1								
NRIC No. Telephone No	Signature							
Name - 2								
NRIC No. Telephone No	Signature							
Part C - DOCTOR'S INFORMATION								
Doctor's Name - 1	NRIC No.							
Mobile No. APC No	Language proficiency							
Basic Degree MD MBBS	Others							
No. of Years in Practice Doctor's Signature								
Doctor's Name - 2	NRIC No.							
Mobile No. APC No	Language proficiency							
Basic Degree MD MBBS	Others							
No. of Years in Practice	Doctor's Signature							
Doctor's Name - 3	NRIC No.							
Mobile No. APC No	Language proficiency							
Basic Degree MD MBBS	Others							
No. of Years in Practice	Doctor's Signature							



PANEL APPLICATION FORM

Part D - CLINIC QUOTATION & OPERATING HOURS

CHARGES					
Consultation			RM		
X-Ray OPG			RM		
X-Ray CBCT			RM		
Medication (Antib	piotic & Painkiller)		RM		
Scaling & Polishin	g	RM RM		M	
Temporary Dressi	ing				
Extraction			RM		
Wisdom Tooth Ex			RM		
Composite Venee			RM		
Ortodontic (Clear	=	RM			
Composite Filling			RM		
Class IV Restorati	ons		RM		
Dental Report			RM		
PART E - OPERATI	NG HOURS				
Time	Morning	Break		Evening	
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
PH					
	BELOW DOCUMENTS;	Kindly tick			
1) Form C or Forn					
	ng Certificate (APC)				
3) Bank Statemen	it (Only Letterhead)				
		Acknowledged I	ov.		
		, teltilo Wiedged I	- 1 ·		
Clinic'	s Rubber Stamp	Signature 8	Doctor's	chop	
RED ALERT OFFIC					
Application	Approved	Not Approved			
Approved by:		Date Approved:	Date Approved:		
Register by:		Date Register:			
Clinic Code:		User ID:			