PANEL APPLICATION FORM

REDALERT online
Realtime Electronic Data
HEALTHCARD

Part A - CLINIC INFORMATION

Name of Clinic

Clinic Address

State

Postcode

Email Address

Perkeso Panel ☐ Yes ☐ No

Telephone No

Fax No

Type of practice ☐ Sole Proprietor ☐ Partnership ☐ Group Practice ☐ 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:

Clinic Computer: ☐ Yes ☐ No

Clinic System:

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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

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Part D - CLINIC QUOTATION & OPERATING HOURS

CHARGES

Consultation	RM	
X-Ray OPG	RM	
X-Ray CBCT	RM	
Medication (Antibiotic & Painkiller)	RM	
Scaling & Polishing	RM	
Temporary Dressing	RM	
Extraction	RM	
Wisdom Tooth Extraction	RM	
Composite Veneer	RM	
Ortodontic (Clear Aligners)	RM	
Composite Filling	RM	
Class IV Restorations	RM	
Dental Report	RM	

PART E - OPERATING HOURS

Time	Morning	Break	Evening
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
PH			

PLEASE ATTACH BELOW DOCUMENTS; ***Kindly tick***

1) Form C or Form G ☐
2) Annual Practising Certificate (APC) ☐
3) Bank Statement (Only Letterhead) ☐

Acknowledged by:

Clinic's Rubber Stamp	Signature & Doctor's chop

RED ALERT OFFICE USE ONLY:

Application ☐ Approved ☐ Not Approved

Approved by: Date Approved:

Register by: Date Register:

Clinic Code: User ID: