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	ECG	☐ Yes	☐ No
Ultrasound	☐ Yes	☐ No	X-Ray	☐ Yes	☐ No
Nebuliser	☐ Yes	☐ No	Resuscitation Equip.	☐ Yes	☐ No

Others

REFERRAL - EMERGENCY / TRAUMA CENTRE AND LAB

Specialist Centre / Hospital

Name 1

Name 2

Name 3

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

PANEL APPLICATION FORM

Part D - CLINIC QUOTATION & OPERATING HOURS

CHARGES

Consultation	RM	
Medication for Common Ailments	RM	
Nebuliser	RM	
Urine Test FEME	RM	
RBS	RM	
X-Ray	RM	
Toilet & Suturing	RM	
E.C.G	RM	
Ultrasound	RM	

PART D - OPERATING HOURS

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

PLEASE ATTACH BELOW DOCUMENTS**; Kindly tick**

1) Form B or Form F ☐

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: