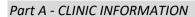
PANEL APPLICATION FORM





Name of Clinic	
Clinic Address	
State	Postcode
Email Address	Perkeso Panel Yes No
Telephone No	Fax No
Type of Sole Partnership 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 Ultrasound Yes No Nebuliser Yes No Others	ECG Yes No X-Ray Yes No Resuscitation Equip. Yes No
REFERRAL - EMERGENCY / TRAUMA CENTRE AND LAB	
Specialist Centre / Hospital	
Name 1	
Name 2 Name 3	
Laboratory referred to	
Name 1	
Name 2	
DANK ACCOUNT DETAILS	
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:	

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
Medication for Co	mmon Ailments		RM
Nebuliser			RM
Urine Test FEME			RM
RBS			RM
X-Ray			RM
Toilet & Suturing			RM
E.C.G			RM
Ultrasound			RM
PART D - OPERATI	NG HOURS		
Time	Morning	Break	Evening
Mon	Williams	Dicak	Lverning
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
PH			
PLEASE ATTACH B	ELOW DOCUMENTS; Kir	ndly tick	
1) Form B or Form	ı F		
2) Annual Practisin	ng Certificate (APC)		
3) Bank Statemen	t (Only Letterhead)		
		A aka ayula daad bu	
		Acknowledged by:	
Clinic's	s Rubber Stamp	Signature & I	Doctor's chop
RED ALERT OFFICE	E USE ONLY:		
Application	Approved	Not Approved	
Approved by:		Date Approved:	
Register by:		Date Register:	
Clinic Code		User ID:	