HI-PRECISION diagnostics

Hi-Precision Diagnostics PLUS

Customer Care Hotline: 8-741-7777

MEDICAL EXAM REQUEST FORM

Source Code: 113011

Date: September 8, 2025
(Valid for 7 days after the date of Issuance)

Patient Name: AMANTILLO (Last Name) ALFREDO (First Name) LIM (Middle Name)

Address:

SV MORE PHARMA NUTRIA N.A (MML) INC

Sex: ☑ Male ☐ Female Birthdate: 11/20/1984 Age: 40 Mobile No.:

Test Requests:	Package:	Additional Test/s:
☐ Pre-Employment Exam		ECG, Whole Abdomen Ultrasound
☑ Annual Physical Exam		

Mode of Dispatch: *Choose only one (1)*

Hard Copy: ☐ Pick-up ☐ Send

Online: ☐ HR Only ☐ Patient Only ☑ HR and Patient

Mode of Payment: ☐ Cash ☑ Charge to Company

For Health Permit? ☐ Yes ☑ No

Authorized Signatory: Jan Michelle P. Yap
Signature Over Printed Name

Contact Number: 0919-066-9868

*Please Fill-up patient information for faster service.