



6 Raffles Quay, #23-00,  
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## REGISTRATION FORM FOR HEALTH SCREENING

*Please make copies for additional registrants.*

Name : Dr/Mr/Ms \_\_\_\_\_

NRIC/Passport No. : \_\_\_\_\_

Nationality : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Tel No. : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

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### ASIAMEDIC (Offer valid till 31 Dec '10)

Health Screening Programme:  Classic Health Plan  
(Discounted rate)  Enhanced Deluxe Health Plan

Preferred Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Preferred Time: \_\_\_\_\_ AM/PM

| OPENING HOURS      | ASIAMEDIC        |
|--------------------|------------------|
| Mondays to Fridays | 8.30am - 5.30pm  |
| Saturdays          | 8.30am - 12.30pm |

*This additional section is to be completed for registration of the immediate family members of an ICPAS member.*

**REGISTRATION OF FAMILY MEMBER**

I, \_\_\_\_\_ (NRIC/PP No: \_\_\_\_\_)  
wish to sponsor the following family member(s) for the Health Screening Programme.

1. Name: Dr/Mr/Mrs/Miss \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Birth Certificate NRIC/Passport No.: \_\_\_\_\_

Selected Package: \_\_\_\_\_

2. Name: Dr/Mr/Mrs/Miss \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Birth Certificate NRIC/Passport No.: \_\_\_\_\_

Selected Package: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please fax the completed form to ICPAS (Attn: Eileen at fax: 6438 9623))

**ASIAMEDIC'S HEALTH SCREENING PACKAGES**  
**(Offers valid till 31 Dec 2010 and rates are subject to prevailing GST)**

| Classic Health Plan   | Enhanced Deluxe Health Plan  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
|---|--|---------------|--------------------|---------------|---------------------------|--------------|----------------------------------|---------------|-------------------------------|--------------|-------------------------------|---------------|--------------------|---------------|-------------------------------|---------------|---|--|
| Physical Examination & Medical History <b>S\$240</b><br>Body Composition Analysis & Individualised Cardiac Risk Profile<br>Eye & Ear Screening<br>12-Lead Resting Electrocardiogram<br>Chest X-Ray<br>Pap Smear (For ladies)<br>Laboratory Investigations <ul style="list-style-type: none"> <li>- Haematology</li> <li>- Diabetic Screen</li> <li>- Coronary Risk</li> <li>- Hepatitis Screen (Hepatitis A &amp; B)</li> <li>- Tumour Markers [AFP for liver, CEA for colon, lungs, breasts &amp; stomach, CA125 (Ovary for Ladies), PSA (Prostate for Men)]</li> <li>- Kidney Profile</li> <li>- Liver Panel</li> <li>- Bone &amp; Joint Profile</li> <li>- Thyroid Screen</li> <li>- Venereal Disease</li> <li>- Urine Analysis</li> <li>- Stool Analysis</li> </ul> Breakfast at the Lounge<br>Medical Review | Physical Examination & Medical History <b>S\$350</b><br>Body Composition Analysis & Individualised Cardiac Risk Profile<br>Eye & Ear Screening<br>12-Lead Resting Electrocardiogram<br>Chest X-Ray<br>Pap Smear (For Ladies)<br>Laboratory Investigations <ul style="list-style-type: none"> <li>- Haematology</li> <li>- Diabetic Screen</li> <li>- Coronary Risk</li> <li>- Hepatitis Screen (Hepatitis A &amp; B)</li> <li>- Tumour Markers (AFP, CEA, PSA (Prostate for Men), CA 125 (Ovary for Ladies))</li> <li>- Kidney Profile</li> <li>- Liver Panel</li> <li>- Bone &amp; Joint Profile</li> <li>- Thyroid Screen</li> <li>- Venereal Disease</li> <li>- Urine Analysis</li> <li>- Stool Analysis</li> </ul> Breakfast at the Lounge<br>Medical Review |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| <u>Optional Tests</u> <table border="1" style="width: 100%;"> <tr> <td>Treadmill ECG</td> <td align="right"><b>S\$120</b></td> </tr> <tr> <td>Ultrasound Abdomen</td> <td align="right"><b>S\$150</b></td> </tr> <tr> <td>Ultrasound Prostate (Men)</td> <td align="right"><b>S\$80</b></td> </tr> <tr> <td>Ultrasound Hepato-Biliary System</td> <td align="right"><b>S\$100</b></td> </tr> <tr> <td>Ultrasound of Breast (Ladies)</td> <td align="right"><b>S\$80</b></td> </tr> <tr> <td>Ultrasound of Pelvis (Ladies)</td> <td align="right"><b>S\$115</b></td> </tr> <tr> <td>Mammogram (Ladies)</td> <td align="right"><b>S\$120</b></td> </tr> <tr> <td>Mammogram &amp; Ultrasound Breast</td> <td align="right"><b>S\$200</b></td> </tr> </table>   | Treadmill ECG  | <b>S\$120</b> | Ultrasound Abdomen | <b>S\$150</b> | Ultrasound Prostate (Men) | <b>S\$80</b> | Ultrasound Hepato-Biliary System | <b>S\$100</b> | Ultrasound of Breast (Ladies) | <b>S\$80</b> | Ultrasound of Pelvis (Ladies) | <b>S\$115</b> | Mammogram (Ladies) | <b>S\$120</b> | Mammogram & Ultrasound Breast | <b>S\$200</b> | <b>For Men</b><br><b>Choose any 1 of the following:</b> <ul style="list-style-type: none"> <li>- Treadmill ECG</li> <li align="center"><b>or</b></li> <li>- Abdominal Ultrasound</li> <li align="center"><b>or</b></li> <li>- Ultrasound Prostate</li> <li align="center"><b>or</b></li> <li>- CT Densitometry</li> </ul> | <b>For Ladies</b><br><b>Choose any 1 of the following:</b> <ul style="list-style-type: none"> <li>- Mammogram<br/>(Ladies &gt; 40yrs old)</li> <li align="center"><b>or</b></li> <li>- Ultrasound of Breasts<br/>(Ladies &lt; 40 yrs old)</li> <li align="center"><b>or</b></li> <li>- Ultrasound of Pelvis</li> <li align="center"><b>or</b></li> <li>- Treadmill ECG</li> <li align="center"><b>or</b></li> <li>- CT Densitometry</li> </ul> |
| Treadmill ECG   | <b>S\$120</b>  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Ultrasound Abdomen  | <b>S\$150</b>  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Ultrasound Prostate (Men)   | <b>S\$80</b>   |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Ultrasound Hepato-Biliary System  | <b>S\$100</b>  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Ultrasound of Breast (Ladies)   | <b>S\$80</b>   |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Ultrasound of Pelvis (Ladies)   | <b>S\$115</b>  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Mammogram (Ladies)  | <b>S\$120</b>  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |
| Mammogram & Ultrasound Breast   | <b>S\$200</b>  |               |                    |               |                           |              |                                  |               |                               |              |                               |               |                    |               |                               |               |   |  |

