



TRINIDAD & TOBAGO INSURANCE LIMITED

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E-Mail: health@tatil.co.tt

EXAMINATION REQUEST

ATTENDING PHYSICIAN:

Address:

Tel No:

Re: _____
(Proposed Insured's name in Block Letters)

Client's Identification:.....

Would you please arrange for an examination of the above client as indicated below:-

- Blood pressure (*two are required, not more than two weeks old*):
Reading 1: _____ Date: _____
Reading 2: _____ Date: _____
- Cholesterol (*not more than two weeks old*):
Reading: _____ Date: _____
- HBA1C (*not more than two weeks old*):
Reading: _____ Date: _____

.....
Signature of Proposed Insured Date Telephone No.

.....
Signature of Attending Physician

.....
Date

.....
Company Stamp