AXA Health Customer Care Centre
AXA Insurance Pte Ltd
Hotline :6322 2555

Email :Intlx-eclaims@axa.com.sg

AXA Panel Specialist Appointment Request Form

Date Of Submission _____ Preferred Mode of Update ☐ Call / ☐ Email

Section A : Insured's Details

Insured's Name _____ Policy No. _____

Birth Cert/NRIC/FIN No. _____ Company's Name _____

Date of Birth _____/_____/_____ Contact No. _____

Gender ☐ Male / ☐ Female Email (if any) _____

Recommendation Needed ☐ Yes *(Kindly complete Section C)*

☐ No *(Kindly proceed to Section B)*

Section B : Appointment Details

Doctor's Name _____ Clinic's Name _____

Clinic's Address _____ Contact No. _____

_____

Postal Code ( ) Doctor Memo ☐ Yes / ☐ No
(Kindly attach if any)

Section C : Preference Details

S/N	Preferred Location	Gender	Date**	AM/PM*	Special Instruction (If Any)
1					
2					
3					

**Morning Session(AM) : 9am to 1pm , Afternoon Session(PM) : 2pm to 5pm **Subject to Clinic's Availability*

Section D : Outpatient Specialty Referral

Please Tick on the <__> Appropriately

__ Cardiology
__ Cardiothoracic Surgery
__ Endocrinology
__ ENT – Otorhinolaryngology
__ Gastroenterology
__ General Surgery
__ General Surgery – Breast
__ General Surgery – Colorectal
__ General Surgery - Vascular
__ Gynaecology
__ Hand Surgery
__ Neurology
__ Neurosurgery
__ Eye - Ophthalmology
__ Orthopaedic
__ Pediatrics
__ Renal Medicine
__ Respiratory
__ Rheumatology
__ Urology
__ Other Specialty, please indicate:
_____

Section E : Appointment Made by AXA Staff

Doctor's Name _____ Clinic's Name _____ Date _____

Officer	