RESOLUTION life
A Division of Resolution Holdings (Pty) Ltd

Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
(Entrance Boskruin Village Centre)

P O Box 1555, Fontainebleau, 2032

Telephone: 0861 543 326
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LUNG FUNCTION TEST

Policy No. | Consultant code

Surname of insured | Title

Name of the Life to be Insured

Date of Birth (D D M M Y Y Y Y) | ID No.

Contact Details
Home No. (CODE) | Work No. (CODE)
Fax No. (CODE) | Mobile No.

Email Address

Postal Address

Code (CODE)

Signature of Insured _____

Signature of doctor confirming the control of Identification: of Insured _____

PROCEDURE FOR THE LUNG FUNCTION TESTING

- Lion Life requires a lung function test performed on a vitallometer showing at least the FEV1, FVC and FEV1/FVC values. We would also prefer to receive the flow volume loops. No comments or interpretation are required.
- Please explain the procedure carefully to the client and make sure he/she understands what is expected from him/her.
- When the results are abnormal it is important that optimal patient co-operation is achieved by obtaining at least two efforts or which the results differ by less than 5%
- For persons suffering from obstructive airways disease the efforts must be repeated after a bronchodilator inhaler has been given to the patient to evaluate the reversibility of the airways obstruction.
- Regular calibration of apparatus should be performed by the operator.

GENERAL

Please note that the Proposer/Life Insured has authorized us to obtain this information from you (and has requested you to provide us with this information) and to share it with other life offices direct or through the LOA for purposes of underwriting and/or claims assessment. In terms of the LOA protocol the Proposer/Life insured may enquire about information held by the LOA and such information will be made available to him/her nominated medical practitioner.

DOCTOR'S DETAILS

Surname and initials of doctor

Date of Examination (D D M M Y Y Y Y)

Contact Details Work No. (CODE) | Fax No. (CODE)

Qualifications _____ Year of qualification _____

Are you the Insured's usual medical practitioner? ☐ YES ☐ NO

Signature of Doctor_____
Fees payable to:* (State full name of practice or partnership)

Name

VAT Reg. No. | Practice code

Address

Code (CODE)

Fees payable according to LOA tariff Item No. 2.8.1 fee: R
Fees are payable only if lung function testing satisfies the above criteria.

February 2009