

§ Mid Michigan Exams, LLC.

Scheduling (810) 344-7421

Fax (231) 929-9839

Email: cassandracroley@midmichiganexams.com

www.midmichiganexams.com

Work Order

CLIENT

Name:

Address:

City: State: Zip:

Phone: Work: Ext:

Date of Birth: / / Last 4 Digit of SSN: Email:

Sex: Male: Female: Smoker: Yes No

Notes:

POLICY

Term Life:

Whole/UL Life:

Disability:

LTC:

If the above is not specified- requirements will default as Std/ Traditional.

Ins. Co. Policy Number:

Total Cumulative Policy Amount \$

Vitals/Measurements

Paramed

Senior Supplement

Saliva

Blood

EKG

MD Exam

Other

Urine/HOS

HIV Consent

Treadmill EKG

AGENT

Agent: Agent Code: Phone:

Agency: Agency#

Address:

Brokerage:

Address:

Send Status RPTS to FAX: Email:

PLEASE SUBMIT ALL ORDERS VIA WEBSITE, FAX, PHONE, OR EMAIL