



Fax to: 6255-7225

MEDICAL HUB: www.medicalhub.com.sg

Over 1.2 million visitors todate! Linked from Singapore Medicine.

Located on Page 1 of Google and Yahoo search engines!

(Search by "Singapore Doctors" or "Singapore Medical Specialists".)



Service: "Featured Doctor/Dentist" + "Medical/Dental Keyword Search"

• Featured Doctor/ Dentist

Do you wish to have your medical/dental clinical profile featured in Medical Hub, so that overseas and local patients can view your profile and contact you regarding your medical/dental services? Under this service, you can have these items listed under your medical/dental profile: Doctor's/Dentist's Profile, Qualifications, Years of Medical/Dental Experience, Services & Fees, Accomplishments, Contact Dr (online form).

• Medical/ Dental Keyword Search

Do you wish your name and contact information to be one of the first few to pop up on the screen when patients key in keywords related to medical/dental conditions or treatments? Eg. Heart Attack, Cancer, Crowns & Bridges, Infertility, Lasik. If so, you may wish to sign up for the "Medical/Dental Keyword Search" service. Provide us with ten (10) layman medical/dental keywords to describe your services.

For queries, please contact: **91511502 / 91153798 / 62230643** or sales@medicalhub.com.sg.

YES! I wish to sign up for the above service:

Please Tick:	Service	Period	Price (S\$) (No GST)
<input type="checkbox"/>	"Featured Doctor/Dentist" + "Medical Keyword Search"	1 year	\$1800
<input type="checkbox"/>	"Featured Doctor/Dentist" + "Medical Keyword Search"	2 years	\$3300
		TOTAL:	S\$

Terms: The service is not provided until full payment is made. The service is non refundable.

Clinic Name: _____

Clinic Address: _____

_____ S (_____)

Doctor's/Dentist's Name: _____ Specialty: _____

Office Tel: _____ Handphone (optional): _____

Office Fax: _____ Email: _____

* **Signature:** _____

Date: _____

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MEDICAL HUB (www.medicalhub.com.sg)

Service: “Featured Doctor/Dentist” + “Medical/Dental Keyword Search”

Doctor's Name: _____

Payment Mode

Total Amount (please circle): S\$1800 or S\$3300.

By Cheque: payable to “MedHub Pte Ltd”.

Please mail a crossed cheque to address:

20 Maxwell Road, 09-01B Maxwell House, Singapore 069113.

By UOB Installment Payment Plan (please circle): 12 or 24 months
(12 months for 1-year package, 24 months for 2-year package.)

Credit Card Number: _____

Expiry Date: _____ CVV2: _____ (last 3 digits at reverse of card)

Signature: _____ Date: _____

Medical Hub Team will contact you once the sign-up form and full payment is received.
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Thank you.

For Official Use: