

A medical treatment of Gene-Reduction Application form

Full Name :		Mr. / Mrs / Ms.	
Date of Birth :		Place of birth :	Sex:
ID number :		State :	Dialect:
Highest Education		Name of School	
Social Position or Business Arena	1. 2. 3. (If have)		
Society Contribution	(If have).		
Spouse: Housewife	Profession	Else:	Number of children
The index of family happiness:		(Self-appraise, 0-100 max)	
		Every sleep time	hour
Chronic Disease:	NO	Sex life cycle:	days
Common Cold	Average-frequency	/year	Woman-Climacteric
			Age
Body-Building	Brief: (If have)		
Personal diet characteristic	Brief: (If have)		
Medical Inspection	Applicant must attach a report of physical examination done recently.		
Address			
Communication	Tel :		
Paternal Grandfather	alive	Deceased	Age: Hereditary disease:
Paternal Grandfather	alive	Deceased	Age: Hereditary disease:
Father	alive	Deceased	Age: Hereditary disease:
Mother	alive	Deceased	Age: Hereditary disease:
Maternal Grandfather	alive	Deceased	Age: Hereditary Disease:
Maternal grandmother	alive	Deceased	Age: Hereditary Disease:
Remarks	1. For privacy purpose, applicant must send application via DHL or special personal delivery to the following address: Ms. Tsoi Hung Chu 10 Ava Road Ava Tower #19-07 Singapore 329949 2. This application form must be as detailed as possible to ensure the right prescription and preferential price. 3. Quotation of prices and reply will be given within 30 days upon receipt of application.		

A Photograph of Applicant

A Photograph of face recently (Required)		
Date:		
Simple Explanation	Photograph here -----+	Signature -----
A Photograph of face before five years (if have)		
Date:		
Simple Explanation	Photograph here -----+	Signature -----
A Photograph of face ten years ago (if have)		
Date:		
Simple Explanation	Photograph here -----+	Signature -----