

D) For Admission to Private Hospitals (Member to arrange for completion by the Attending Doctor / Surgeon)**1. Particulars of Attending Doctor/Surgeon**Doctor / Surgeon: Dr. Ting Hua SiengReferring Doctor: Dr. Clarence ChianClinic Name: Dr. Ting Women's Specialist ClinicClinic Address: Faith Healthcare (Tampines)**2. Condition Requiring Treatment**Symptoms: Abnormal bleedingDate when symptoms 1st presented: 14/11/2024Diagnosis: Endometrial PolypDate when condition was diagnosed: 29/07/2025

ICD 10 Code: _____

First Consultation Date: 06/12/2024

- a) Has this or any similar condition existed previously? ☒ NO ☐ YES
If yes, please state the date of treatment, name and address of doctor who treated the patient

3. Is the condition of patient due to or related to:

- | | |
|--|---|
| a) Congenital anomaly | ☒ NO ☐ YES |
| b) Cosmetic or plastic surgery | ☒ NO ☐ YES |
| c) Psychological, mental or emotional disorder | ☒ NO ☐ YES |
| d) Dental/gum treatment or oral mucosal | ☒ NO ☐ YES |
| e) Pregnancy, childbirth, sub-fertility or infertility (Date of last menstruation _____) | ☒ NO ☐ YES |

4. Is patient's condition / injury due to an accidental event?☒ NO ☐ YES

If 'Yes' to above, please advise whether it is work-related

☒ NO ☐ YES**5. Details of Surgery / Procedure**Hospital Name: Parkway East HospitalAdmission Date: 16/8/2025Admitted as: ☒ DAY SURGERY☐ IN-PATIENT (Estimated Length of Stay: _____)

Are the surgical procedures listed below to be performed through the same incision / orifice?

☐ NO ☒ YES**6. Estimated Cost of Admission:**

*Please list down below all the surgical procedures with breakdown of individual charges if more than one will be performed:

Estimated Cost (Exclude GST):	Required Information (please provide in separate sheet if space is insufficient):	
*Surgeon Fee: <u>\$2800</u>	Surgical Procedure: <u>Hysteroscopy / DC</u>	Surgical Code: <u>S17254</u>
*Surgeon Fee: _____	Surgical Procedure: _____	Surgical Code: <u>(12B)</u>
*Surgeon Fee: _____	Surgical Procedure: _____	Surgical Code: _____
*Surgeon Fee: _____	Surgical Procedure: _____	Surgical Code: _____
Dr's Attendance Fees: <u>\$350</u>	Rate SGD <u>350</u> /day X No. of Days: <u>1</u>	
Room & Board: _____	Rate SGD _____ /day X No. of Days: _____	
Anaesthetist's Fees: <u>\$700</u>		
Hospital Charges: <u>\$2500 - \$3500</u>		
Clinic Consumables: <u>\$1000</u>	Breakdown of Charges: <u>Mirena Coil</u>	
Implant(s) Cost: _____	Breakdown of Charges: _____	
Total Estimated Cost: <u>\$7,350 - \$8,350</u>		

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7. Doctor / Surgeon's Signature

DR TING HUA SIENG (MCR 10180Z)
Specialist in Obstetrics & Gynaecology
MBChB (New Zealand) FAMS (Singapore)
(United Kingdom) FRCOG (United Kingdom)

Date: 6/8/2025

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