PAPUA NEW GUINEA
In the National Court of Justice

O.9, r.37 **Form 39.**

NOTICE FOR MEDICAL EXAMINATION

(heading as in Form 1 or Form 3)

You are requested to arrange for (the person concerned) to submit to a medical examination by Dr. ..... (name) at ..... (set out place and time).

(Person concerned) may have a doctor chosen by him (her) to attend the examination. Please inform me if that is his (her) intention.

Dated the ..... day of ..... 20.....

To ..... Solicitor for .....

(Signature)