

STATEMENT OF ATTENDING PHYSICIAN OR SURGEON for Sickness

To be completed by the Attending Physician or Surgeon

Patient Name Identity Card Number:
 Date of Birth:

1. Describe the Symptoms of Disease :.....

2. When did symptoms first appear? :.....
3. Has patient presented similar symptoms during the past five years or been hospitalized as a consequence of this disease? If yes, please describe:

4. When have you examined the patient for the first time for this disease? (Exact date) ;.....
5. Has the patient been examined for this disease from any other physician in the past? If yes, please us the date and the name of the doctor;
6. Describe fully the finding of the clinical examination and the diagnosis:

7. What examinations did the patient perform and what were the results:

8. Describe the treatment followed and the medicines you prescribed:
9. Has the patient been hospitalized for this disease?; Admission date : Discharge date:.....
10. Is any surgery expected or scheduled to be performed?
 If yes, describe the operation and state when.

I hereby certify that my answers to the foregoing questions are correct and true to the best of my knowledge and belief.

Doctors signature:..... Specialty: Date:.....

Name of Doctor: Doctors stamp:

Policy number:

Name of Insured: