

MEDICAL REPORT – CRITICAL ILLNESS

[illegible]

(If space provided in the box is inadequate, kindly attach annexure.)

- Are you the patient's usual doctor? If yes, how long had you known the Patient?

- Date of onset of the condition:

D	D	M	M	Y	Y	Y	Y
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- What is the present stage of Critical Illness?

- Details of diagnosis; _____

2. Date of onset of the condition:

D	D	M	M	Y	Y	Y	Y
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3. What is the present stage of Critical Illness?

4. Details of diagnosis;

5. Please give the following details of the tests conducted during the investigations:

Investigation and Surgery	Date on which Performed	Results
a. ECG		
b. X – Ray		
c. Sonography/CT Scan/MRI		
d. Biopsy / FNAC / PAP smear		
e. Blood Report		
f. Angiography Report		
g. Any other test/surgery (please specify)		

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