

## WITHOUT PREJUDICE

## **MEDICAL REPORT – CRITICAL ILLNESS**

(TO BE FILLED BY THE DOCTOR)

Name of the L	ife Ass	ured:		L_			L	L	L		L_						L	[						_L	L		[			
Date of Birth:	D	D M	M	Y	Y	\	Y_O	ccup	oatic	n:							L							L	L	L	L			
Address:			LL								_ L							[						L	L					
								L	L		_L				L		L			Po	st	Coc	le:	L	L	<u></u> L	<u></u> L			
Please comple	ete the	follo	wing o	detail	s: -																									
If space provi						ate	, kinc	lly a	atta	ch ar	ınex	ure.	)																	
1. Are you the	patien	t's usı	ual do	ctor?	If ye	s, ł	how lo	ong	had	you	knov	wn tl	ne F	atie	ent?															
																														_
2. Date of ons	et of th	e con	dition:	D	D	M	1 M	Υ	Υ	Υ	Υ																			
3. What is the	preser	nt stag	je of C	ritical	Illne	ess	s?																							
																														_
																			 											_
4. Details of di	iagnosi	s;																	 											_
																								—	—					
5. Please give	the foll	lowing	detai	ls of t	he te	est	s con	duct	ted	durin	g the	e inv	esti	gati	ons	:														_
Inves	tigatior	n and	Surge	ry						Date	on	whic	h P	erfo	orme	ed							R	les	ults	3				_
- 500																														
a. ECG							_																	_	_			_		_
b. X – Ray																														
c. Sonograp	hy/CT	Scan/	/MRI																											
d. Biopsy / F	FNAC /	PAP	smear																											
																								_	—			—		_
e. Blood Re	port																													

Kindly submit the original reports of the above investigations and Histopathology Reports/IHC Operating Surgeon's report, Consultant's reports, all blood test reports, Hospital discharge summary, all follow up reports and any other reports available with you to our Senior Medical Officer. The reports will be returned to you promptly.

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri(East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: U99999MH2000PLC129113. Toll Free No. 1800 22 9090 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in

f. Angiography Report

g. Any other test/surgery (please specify)

Policy Number(s):



6. Has there been any previous disease or other conditions:																			
7.a Date of Commencement of Treatment:																			
7.b Details of Treatment / Surgery:																			
															_				
																			_
																			_
																			_
8. Name and Address of the Hospital where the surgery was	erfor	me	d 																
8.a Hospital Details :																			
Name of the Hospital:		_	_	Ļ	<u>_</u>	L	L		Ļ	Ļ	L	Ļ	Ļ	L	L	L			
Address:		_	_							_		<u> </u>	_		L				_
Telephone Number:				. L	. L				. L										_
I.P.No. : Date of Admission:	м   м	лΙν	YY	Y	Y	Г	)ate	of	Die	chai	rae.	ΙD	D	М	M	ΙΥ	<sub>Y</sub>	Υ	Υ
I.I. No Date of Autilission.							Jaic	, 01	סוס	Cita	ige.								_
8.b Operating Surgeon Details																			
Name of the Operating Surgeon:		_ L	_			L			L	L		L	L		L	L			
Address:	_	_	_	_					Ļ	_	L	Ļ	Ļ		L	L			
Talantana Nimetan				. L	. L														—
Telephone Number:																			
8.c Any Specialist/Hospital referred:																			
Name of the Specialist/Hospital:																			
Address:						L							_		L	L			
									L				L						
Telephone Number:																			
Additional Information																			
		Address of the Hospital :																	
	-															_			
	-															_			
	-																		_
Signature of Medical Attendant and Hospital Stamp	-																_		_
Registration No:	Place:																		
Qualification:	_		се e:	חומ	M	l M	Y	l Y	Y	Y									
Designation:			e				i L	L.	Ŀ	L. L									
Designation.	-	1616	shiioi	IC I\	10								Ll	L					

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri(East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: U99999MH2000PLC129113. Toll Free No. 1800 22 9090 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in

Page 2 of 2