

Critical Illness Benefit Claim - Angioplasty

Part II - Attending Physician's Statement

(to be completed by attending physician at the claimant's own expenses)

危疾保障賠償 - 血管造形術

乙部 - 主診醫生報告 (由申請人自費，由主診醫生填寫)

Policy no. 保單編號

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Patient's name 病人姓名	HKID Card/Passport no. 香港身份證/護照號碼	Date of birth 出生日期 DD日 MM月 YYYY年 / /	Sex 性別	Age 年齡
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Angioplasty

The actual undergoing of surgery for disease using any interventional technique, on the advice of a Specialist in cardiology involving the use of transluminal coronary catheters to correct significant stenosis narrowing of coronary artery(ies). Angiographic evidence to support the necessity of the operation will be required.

血管造形術

經心臟科專家建議，使用介入方式及涉及使用冠狀導管以矯正重要的狹窄。此狹窄需涉及冠狀動脈並必須提供血管造影的證據，以証明有進行此手術之需要。

A. General Information 一般資料

1. Are you the patient's usual doctor? 閣下是否病人之慣常醫生? Yes 是 No 否
Since when 自從 (/ /) DD日 MM月 YYYY年

2. When were you first consulted for this illness? 病人就是次疾病首次向閣下求診之日期?
(/ /) DD日 MM月 YYYY年

3. What were the presenting symptoms? 請描述病人之病徵?

4. According to the patient, how long had the symptoms been present? 根據病人之描述，該病徵於何時出現?
Since 自從 (/ /) DD日 MM月 YYYY年 **OR或** for 已存在: years年 months月 days日

5. What were the significant physical findings? 請提供體檢結果或發現。

6. What was the exact diagnosis? 請提供診斷。

7. Date of diagnosis made? 診斷日期?
(/ /) DD日 MM月 YYYY年

8. When was the patient informed of the diagnosis? (Please give exact date) 病人於何時得悉上述診斷? (請提供日期)
(/ /) DD日 MM月 YYYY年

9. If you are not the first who diagnosed for this illness, please give name and address of the doctor who informed the patient of the diagnosis.
若閣下不是首次確診病人上述診斷之醫生，請提供該醫生之姓名及地址。

10. Other physicians or medical facilities the patient has consulted for this condition. 病人就有關情況向其他醫生或醫療機構求診。

Name of physician(s) &/or hospital(s) 醫生/醫院名稱	Address(es) 地址	Date of consultation(s) &/or period of confinement 求診日期及/或住院期 DD日 MM月 YYYY年
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)

B. Extent of Illness 疾病程度

1. Please provide full and exact details of your diagnosis that requires Angioplasty.
請提供病人需要進行血管造形術之完整及詳細診斷。

2. Details of the surgery 手術之詳情

a. Had the surgery been advised by a specialist in cardiology? If so, please give the name and address of the doctor.
手術是否由心臟科專家建議？如是，請提供醫生之姓名和地址。

b. Was there any angiographic evidence to support the necessity of the operation? Please kindly provide a copy of the reports.
是否有任何血管造影之證據支持手術之必要性？請提供報告之副本。

c. Are there one or more major coronary artery(ies) involved? Please specify the location of the artery(ies) involved.
是否涉及一個或多個主要冠狀動脈？請說明所涉及之冠狀動脈位置。

d. Are all the major coronary arteries involved (as mentioned above) having a significant stenosis? Please describe the details and provide the percentage of stenosis.
是否所有主要冠狀動脈（如上所述）都有嚴重之狹窄？請描述詳情及提供狹窄程度之百分比。

e. Had the surgery involved the use of transluminal coronary catheters? If yes, please provide the name of operation and which coronary artery(ies) was / were involved in the operation.
手術是否有涉及使用冠狀導管？若有，請提供手術名稱。

Yes 是 No 否

Name of Operation 手術名稱：_____

Name(s) of coronary artery(ies) involved in the operation. 手術所涉及之冠狀動脈名稱。

f. Date on which the patient underwent the operation. 病人接受手術之日期。

(/ /) DD日 MM月 YYYY年

3. Are there any complications noted? Please comment in details.
是否有任何併發症？請詳述。

4. Is there anything in the patient's personal health history which would have increased the risk of suffering any sickness that may require Angioplasty? Please give the details.
病人之個人病史中是否有任何情況會增加患有任何可能需要進行血管造形術之疾病風險？請詳細說明。

C. Other Information 其他資料

1. Does the patient smoke cigarette or drink alcohol? If yes, please give details including the daily consumption and the duration of the habit.
病人是否有吸煙或飲酒習慣? 若有, 請提供詳情包括每天飲用或吸食之用量及該習慣之持續時間。

Yes 是 No 否

Quantity 數量 Type 類別 Duration 持續時間

2. Please state if the patient has suffered / been treated for any other illness(es) / complaints other than this critical illness.
請說明病人是否曾經患有除此危疾以外之其他疾病或接受治療。

3. Is there any further information, which in your opinion will assist us in assessing this claim?
請提供任何資料閣下認為可以幫助本公司審核此索償申請。

I hereby certify that I have personally examined and treated the patient for the above illness and that the facts as given above present my opinion of his/her conditions.
本人在此聲明, 已向病人進行身體檢查, 並對上述疾病進行治療及上述事實表明本人對上述病人之情況表述。

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Name of physician (with stamp) 醫生姓名 (連印章)	Qualification 醫學資格	Signature 簽署	Date 日期

Address 地址: _____

_____ Tel no. 電話號碼: _____