

ATTENDING PHYSICIAN STATEMENT DREAD DISEASE – CANCER

MUST BE FILLED COMPLETELY BY ATTENDING PHYSICIAN

Cancer shall mean any malignant tumor positively diagnosed with histological confirmation & characterized by uncontrolled growth of malignant cells & invasion of tissue. The diagnosis must be confirmed by specialist.

Please give the detail that related to patient:

Name : _____ No. MR _____
 Age : _____
 Sex : Male Female
 Occupation : _____
 Address : _____

The diagnosis is based on below points =

- a. Please write the date of confirmed diagnosis for the first time/...../..... (dd/mm/yyyy).
- b. Final diagnosis of cancer: _____
 Stage: _____
 Classification: _____
 Site of body: _____
 Has the cancer wide spread to lymph nodes and/or already had metastasis? Yes No
 If Yes, please describe it:

Is the cancer related to Human Immunodeficiency Virus? Yes No

- c. Result of PA/ histopathology (macroscopic & microscopic) on date...../...../.....(dd/mm/yyyy):

- d. Kindly describe the surgery taken and when it was conducted (dd/mm/yyyy):

- e. Beside surgery, does the patient need to have another therapy? Yes No
 If Yes, please give the detail.

- f. How is the prognosis and life expectation of the patient?

g. For the above condition, is the cancer included as below here? {please tick 'v' as the answer}

Tumor histologically classified as pre-malignant, non-invasive or carcinoma in situ.

Ductal &/or lobular carcinoma in situ of breast.

Cervical dysplasia, CIN-1, CIN-2, CIN-3.

Prostate cancer, histologically classified as having Gleason Score less than or equal to 6.

Prostate cancer, classified as NOT having progressed to T2N0M0 or greater.

Chronic Lymphocytic Leukemia, as NOT having progressed to Binet Stage B or greater.

Basal Cell Carcinoma &/or Squamous Cell Carcinoma of the skin, &/or Malignant Melanoma with NO metastasis.

Gastrointestinal stromal tumor (GIST) stage I & II according to the AJCC Cancer Staging Manual, 7th Edition (2010).

Cutaneous lymphoma with NO chemotherapy/radiation.

Microinvasive carcinoma of breast (histologically classified as T1mic) with NO mastectomy/ NO chemotherapy or radiation.

Microinvasive carcinoma of uteri cervix (classified as stage IA1) with NO hysterectomy/ NO chemotherapy or radiation.

Other:.....

h. Important information about patient & treatment that should be clarified/ explained (such as HIV, alcoholism, drug abuse, etc):

Regarding claim process, please attach the copy of medical resume & the result of histopathology/ other tests/ laboratory/ X-ray/ radiology/ etc which are supporting the confirmed diagnosis.

Place & Date, _____

(_____)

Clear name, signature & certified stamp

Please do not give this form to patient or patient's family, please forward directly to PT AJ. Sequis Life as confidential issue