



DOCTOR MEDICAL LETTER
(FOR COMPLETING THE DEATH APPLICATION PURPOSE)

MUST BE COMPLETED BY IN CHARGE DOCTOR THAT ATTENDED / TREATED THE PATIENT

NAME OF THE BELATED :
MEDICAL RECORD NUMBER :
PLACE & DATE OF DEATH :
LENGTH OF TREATMENT : from until

*Please give check “√” in the provided box

- 1. Are you the doctor who used to treat the belated patient? Yes No
If Yes, for how long /since when ?
If Not, do you know the name and address of the doctor who used to do the previous treatment for the last 3 (three) years ?.....
Does the belated patient transferred by other doctor to you? Yes No
If Yes, please mention the name of the doctor.....
- 2. Are you the last doctor who attends the belated patient? Yes No
If Yes, How long have the patient suffered?
 What is the symptom?
 The diagnose of the illness
- 3. When did you attend and treat the patient for the illness at the first time ?
Do the illness is an acute disease? Yes No
Do the illness is a permanent illness? Yes No
- 4. Does you attend at the time the belated patient die? Yes No
If not, when was the last time you attended the belated patient?
- 5. Does you attend the patient for other diseases other than previously specify? Yes No
If Yes, What is the patient suffered from (anamnesis) ?
 Since when does the Patient suffer from the disease (anamnesis)
 What is the diagnose of the disease ?
- 6. Is there any other factor(s) that effect the cause of the patient death, which related to :
 Carrier disease Yes No Profession / life style Yes No
 Occupation Yes No Alcohol Yes No
 Cigarette Yes No Drugs Yes No
 Patient attitude itself (such as refusing for being needle or infuse) Yes No
- 7. What is the main cause of the patient’s death?
- 8. Is the patient suffered from other illness that contributes to his/her death? Yes No
If Yes, please specify : Diagnose of the disease :
 Since when (anamnesis) :
- 9. In any case that you may found another information which had relation to the patient death, please specify:
.....

We hereby declare that all the above information to be correct and true to the best of my knowledge.

Place & declaring date : _____ Address : _____
Phone Number : _____
Specialty : _____
Signature, full name & stamp

AFTER FINISHING THE APPLICATION, PLEASE ENCLOSE IN ENVELOPE AND SEND IT TO PT AJ SEQUISLIFE