Sequis
Your Better Tomorrow

CONFIDENTIAL

PT Asuransi Jiwa Sequis Life
National Service Center
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2 Pages

DOCTOR MEDICAL LETTER
(FOR COMPLETING THE DEATH APPLICATION PURPOSE)
(Must be completed by in charge doctor that attended/treated the patient)

Name Of The Patient/deceased : .....

Medical Record Number : .....

Place & Date Of Death : .....

Length Of Treatment : from ..... until .....

Name of Doctor : .....

Specializing in : .....

Address : .....

Phone Number : .....

I hereby declare that all information that I will convey below is accurate, correct and complete to the best of my knowledge and conviction.

Note:

Please give tick "√" in the provided box;

Term "You" mean Doctor;

Terms and definitions of diseases, health conditions and medical terms must be in accordance with the terms used in .....

1. Are you the doctor who treated the deceased? ☐ Yes ☐ No

   If yes, for how long/since when? .....

   If not, do you know the name and address of the doctor who treated the patient in the last 3 (three) years?

   .....

   Was the deceased referred by another doctor to you? ..... ☐ Yes ☐ No

   If yes, please state the name of the doctor .....

2. Are you the doctor who attend to/treated the deceased for his/her illness prior to his/her death? ☐ Yes ☐ No

   If Yes, ☐ When did the deceased start suffering from the illness? .....

   ☐ What were the symptoms of the illness? .....

   ☐ The diagnose of the illness .....

3. When did you first attend to and/or treat the deceased for the illness?

   Was the illness an acute disease? ☐ Yes ☐ No

   Was the illness a chronic disease? ☐ Yes ☐ No

4. Were you present at the time of death of the patient? ☐ Yes ☐ No

   If not, when was the last time you attended to/meet the deceased? .....

5. Did you treat the deceased for other diseases other than previously specify?

   If Yes, ☐ What was the complaint (anamnesis) ..... ☐ Yes ☐ No

   ☐ For how long has the deceased suffered from the disease(s) (anamnesis)? .....

   ☐ What was the diagnose of the disease(s)? .....

6. Were there any other factor(s) that contributed to the cause of death, e.g. Related to caused / influence:

☐ Congenital/Hereditary	☐ Yes	☐ No	☐ Profession / lifestyle	☐ Ya	☐ No
☐ Occupation	☐ Yes	☐ No	☐ Alcohol	☐ Ya	☐ No
☐ Cigarette	☐ Yes	☐ No	☐ Drugs	☐ Ya	☐ No
☐ Patient attitude and choices (e.g. as refusal of injection of infusions)				☐ Ya	☐ No

7. What is the main cause of his/her death? .....

8. Did the deceased suffer from other illnesses that contributes to his/her death? ☐ Yes ☐ No

   If Yes, please specify: ☐ Diagnose of the disease : .....

   ☐ Since when (anamnesis) : .....

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9. Was the main cause of death of the deceased caused by accident? ☐ Yes ☐ No

If yes, please explain briefly .....

.....

.....

10. Please specify any additional information which may be related to the cause of death:

.....

Place & declaring date: .....

Place:

Date:

_____
(Signature, full name & stamp)

PLEASE PUT COMPLETED APPLICATION IN AN ENVELOPE AND SEND IT TO PT ASURANSI JIWA SEQUIS LIFE