Sequis
Your Better Tomorrow

ATTENDING PHYSICIAN STATEMENT
CRITICAL ILLNESS: MAJOR ORGAN TRANSPLANT

MUST BE FILLED COMPLETELY BY ATTENDING PHYSICIAN

Please give detail of patient:

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

a. What Organ will be replaced by transplant?

b. The etiology of disease:

c. What kind of surgical procedure will be performed? When? (dd/mm/yy)…../…../…..:

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

Regarding claim process, please attach the copy of medical resume & the result of related tests/laboratory/X-ray/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 Sequis Life as confidential issue