



life insurance

Bharti AXA Life Insurance Company Limited
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TREATING DOCTOR'S CERTIFICATE

(To be completed by the doctor who treated / attended the Life Insured)

Issuance of this form does not amount to admission of any liability of under the policy on the part of the insurers Please give the following information correctly and completely to enable us process your claim promptly.

Table with 2 columns: Name of Life Insured ('Patient'), Age at Event

- 1. Name of the Hospital:
2. Address and contact no. of the Hospital:
3. Date of admission into the Hospital: Time of Admission:
4. Date of Discharge from Hospital: Time of Discharge:
5. Symptoms complained of:
6. Duration of the illness:
7. History reported by:
8. Diagnosis arrived:
9. Treatment given:

10. Please provide the Risk Factors of the Patient

11.

Table with 5 columns: Sr. No., Risk Factor, Status, Status, Duration

12. Has the patient any history of previous hospitalizations / surgeries. (If 'YES' kindly provide us the details)

Table with 3 columns: Sr. No., Reason / Surgery, Dates

Drugs History (If 'YES' please mention generic name)

Sr. No.	Drugs Name & Dose	Duration
1		
2		
3		
4		
5		

13. Has the patient previously suffered from any similar illness? If 'Yes', please provide details.

(i) Name of disease:

(ii) Date/Month/Year of Diagnosis

14. Is the Patient suffering from any other major, chronic or congenital disease? If yes, please provide details.

(i) Name of disease:

(ii) Date/Month/Year of Diagnosis

15. Has the patient referred to any other Doctor for current / associated ailment? If so, please furnish details below:

(a) Name and address of the doctor / hospital:

.....

Date of referral:.....History reported:

I hereby state that I have treated the Patient in connection with the above condition and that the facts as given above are correct to the best of my knowledge.

Signature & Seal:

Name of Doctor		Registration No.	
Qualification		Specialization (if any)	
Address			
Contact Numbers		Date	