

**重病保障索償表格 — 心瓣手術/  
心瓣膜疾病的次級創傷性治療**

**PART II – This Attending Physician's Statement must be completed by a qualified and registered physician at the insured's expense**  
**第二部份 — 本應診醫生報告必須由受保人自費聘請之合資格註冊醫生填寫**

1. Name of Patient 病人姓名	2. I.D. Card No. 身份證號碼	3. Age 年齡
4. Are you the patient's usual medical attendant? 閣下是否病人之私人醫生? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是    If "Yes", give details 若「是」, 請填寫有關資料。 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Period of Consultation</u> 應診期間         </div> <div style="width: 45%;"> <u>Past Health History</u> 病人過往健康情況         </div> </div>		
5. a) Date on which the patient first consulted you related to the condition (Heart Valve Surgery/Less Invasive Treatments of Heart Valve Disease). 病人就是項疾病 (心瓣手術/心瓣膜疾病的次級創傷性治療) 首次向閣下求診的日期 (DD日/MM月/YY年)。  b) What were the symptoms? 病人之病徵?  c) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此病徵多久?  d) When was the patient informed of the diagnosis? (Please give exact date) 何時通知病人診斷結果? (請填寫準確日期)		
6. Give full and exact details of the diagnosis. 請詳盡填寫確實診斷資料。		
7. Had the patient any past history of the disease specified above or related illness? 病人過往曾否患有上述疾病或有關疾病? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有    If "Yes", give details 若「有」, 請填寫有關資料。 <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <u>Name of Attended Physician(s)</u> 應診醫生姓名         </div> <div style="width: 25%;"> <u>Date of Consultation</u> 診治日期         </div> <div style="width: 25%;"> <u>Address(es)</u> 地址         </div> <div style="width: 25%;"> <u>Exact Diagnosis</u> 確實診斷資料         </div> </div>		
8. Is there anything in the patient's family history which would have increased the risk of the disease specified above? 病人之家庭背景有否任何增加病人患上上述疾病機會之事項?		
9. Please give details of the patient's habits in relation to alcohol, drugs and smoking. 請填寫病人飲酒、吸毒或吸煙習慣之詳情。		
10. Has the patient undergone surgical correction for heart valve disease? 病人有否就其心臟瓣膜疾病接受矯正手術? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, the type of surgical correction performed? 如有, 進行了何種矯正手術? a) Through open-heart surgery to replace or repair heart valve defects/abnormalities 透過剖開心臟手術以置換心瓣或治療心瓣缺陷/異常 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 b) Through Intravascular procedures to perform percutaneous valvuloplasty, percutaneous valvotomy or percutaneous valve replacement 透過血管介入的程序進行經皮穿刺瓣膜成形術, 經皮穿刺瓣膜切除術或經皮穿刺瓣膜置換術 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 c) If <u>any one</u> of the above 2 questions is "Yes", please specify the name of procedure done to correct the valvular problem: 如以上兩項任何一項為“有”, 請列出矯正心臟瓣膜缺陷的手術程序的名稱:  d) If none of the above surgeries has been done, please state what other types of surgery was performed. 如沒有進行上述手術, 請列出所進行之其他矯正手術。  e) Date and place of surgery 手術日期及地點 Date of surgery 手術日期: (        /        /        ) DD日/MM月/YY年 The hospital where the surgery was performed 手術醫院:  Name of Surgeon 手術醫生姓名:		
11. Please enclose copies of all surgical reports, X-rays, CT scans, and any other imaging studies, laboratory evidence, angiograms, echocardiogram, etc and any relevant hospital reports that are available. 請提供所有手術報告、X光檢查、電腦掃描、及其他影像報告、化驗報告、血管造影報告及超聲心動圖等, 或任何有關的醫院報告。		

12. Please provide details of physicians to whom the patient has been referred or attended for this disease. 請提供曾為病人診治是項病症之醫生資料。  
(We would be grateful for copies of any relevant medical report that are available) (敬請提供任何有關醫療報告副本)

Name of Physician(s) and/or Hospital(s)

醫生姓名及/或醫院名稱

Address(es)


地址

Date of Consultation(s) and/or Period of Confinement(s)

診治及/或留院日期

13. If there is any further information which, in your opinion, will assist us in assessing this claim, please furnish such information below.

閣下認為有否其他資料可協助本公司審核是項索償申請？請提供有關資料。

Signature 簽署  \_\_\_\_\_ Name of Physician (with stamp) 醫生姓名（連印章） \_\_\_\_\_

Date 日期 \_\_\_\_\_ Address 地址 \_\_\_\_\_

Qualification 資格 \_\_\_\_\_ Tel. No. 電話號碼 \_\_\_\_\_