Doctor kindly fill in the necessary details needed so as to help us process the claim of your Patient at the earliest.

1. Doctor, what were the complaints presented by {pname}to you during his admission / consultation on {doa}?
2. Since how long he suffering from the complaints?
3. What was the cause for the injury and how did it happen? Kindly narrate the accident in detail.
4. What was his condition when he consulted you on {doa}?
5. Was the patient consulted anywhere, prior to this consultation/admission for his injury? If so, kindly provide the details.
6. Had he taken any MRI / X-ray before consulting you for this injury? If so, please mention.
7. Was he under the influence of Alcohol at the time of accident?
8. Was the accident informed to the police?
9. Kindly mention whether MLC/AR done in this case .Kindly provide a copy of the MLC. If MLC was not done, specify the reason.

**Doctor's seal and signature**

1. Any other comorbidities like HTN /DM /CAD /BA /TB /DLP /Seizure /Stroke /Major Medical illness / Surgery etc.,? If so, Kindly provide the details with duration.
2. What was the final diagnosis arrived? What were the investigations done to arrive these diagnosis?
3. Doctor, What was the line of treatment given?

**Note: Kindly provide a copy of local body registration certificate, IPD Nominal Register**

**Date :**

**Doctor's name : Doctor seal and signature**

***Doctor please provide a copy of the case sheet and the relevant OPD documents and the hospital tariff sheet for claim processing.***

***Please note: As per the Code of Medical Ethics Regulations, 2002 1.3.2 , if any request is made for medical records either by the patient/attendant/legal authorities involved, the document shall be issued within 72 hours***