ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-3 CIR-3	**CORONARY ARTERY SURGERY**
CIR-4	**OTHER SERIOUS CORONARY ARTERY DISEASE**

1. Please describe the extent of the disease.

i. Was coronary arteriography performed? YES ☐ NO ☐

ii. Which arteries are involved and what is the degree of narrowing (%) in respect of each involved Artery?

_____

_____

_____

2. What is the nature of treatment?

i. Was open chest coronary artery bypass grafting performed? YES ☐ NO ☐

If yes, state the number and sites of grafts inserted. _____

_____

_____

_____

ii. What other forms of treatment were rendered?

_____

_____

_____

3. Investigations/Laboratory report

i. Was the HIV test performed? YES ☐ NO ☐

If 'YES', please give result. _____ (MM/DD/YY)

_____

ii. Please enclose copies of all reports that are available.

- ☐ HIV test
- ☐ Surgical reports
- ☐ Isotope studies
- ☐ Cardiac Enzymes assays
- ☐ Resting ECGs
- ☐ Exercise stress tests
- ☐ Echocardiograms
- ☐ Coronary angiography
- ☐ Any relevant hospital reports

4. Please state if the insured has suffered/been treated for any other illness (es)/complaints other than the Critical Illness.

_____

_____

_____

_____

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

_____

_____

_____

Details of "YES" answers.
(Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities)

To be completed by Attending Physician

I hereby certify that I have personally examined and treated the insured in connection with the above disability and that the facts are in my opinion as given above.

Name of Doctor _____ Signature _____

Qualification _____ Specialty _____ Thailand's Medical registration _____

Name of Hospital/Official Stamp _____ Telephone No. _____ Date _____