

# Attending Doctor Information Template for CI Claims

**Patient Name**

**Claim Number**

**Date of Consultation**

**Doctor's Name**

**Medical Registration Number**

**Specialization**

**Clinic/Hospital Name**

**Contact Number**

**Address**

**Diagnosis**

**Date Diagnosis Made**

**Nature, Extent and Duration of Condition**

Medical History

Date	Details

Other Relevant Medical Information

Treatment Provided

Current Medication

Prognosis

Doctor's Signature

Date