Doctor's Report for Coronary Artery Bypass Insurance

Patient Name:

Date of Birth:

Gender:

Patient ID / Insurance Number:

Clinical Diagnosis

Diagnosis of Coronary Artery Disease:

Indication for Coronary Artery Bypass Surgery:

Surgical Details

Date of Surgery:

Type of Surgery (e.g., CABG):

Number of Grafts:

Hospital Name:

Surgeon's Name:

Medical History & Findings

Relevant Medical History:

Key Findings (e.g. Angiogram, ECG):

Post-operative Details

Recovery Status:

Complications (if any):

Doctor's Signature:

Date:

Official Stamp: