

Oncology Report for Critical Illness Coverage

Patient Information

Name: _____

Date of Birth: ____/____/____

Gender: _____

Policy Number: _____

Report Date: ____/____/____

Diagnosis Information

Primary Diagnosis: _____

Date of Diagnosis: ____/____/____

Diagnosis Details: _____

Histopathology/Imaging

Report Type: _____

Date: ____/____/____

Summary: _____

Treatment Summary

Treatment	Start Date	End Date	Notes
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

Current Status

Clinical Status: _____

Comments: _____

Oncologist's Name & Signature

Date

