

CONFIDENTIAL MEDICAL REPORT

Note to the medical practitioner:

We have requested our customer/your patient to obtain a medical report stamped by a medical practitioner providing confirmation of the patient's medical history. Completion of this form will assist us with the validation of this customer's relevant claim/s. We appreciate your assistance.

Please hand this letter back to our customer for submission. All information provided will remain confidential and will only be used for the purpose of our claim process.

1. PERSONAL DETAILS OF IWYZE CUSTOMER/YOUR PATIENT:

First Name: Surname:
ID Number: Age:
iWYZE Policy Number:
Are you our customer's usual medical practitioner? Y N

2. HEALTH QUESTIONS:

2.1 Please confirm that you are aware of the following diagnosis pertaining to the patient:
 Y N

2.2 If you were the diagnosing medical practitioner for this condition, please provide the details of the first consultation:
Date: ICD Code:

2.3 Was the patient referred to you by another medical practitioner with regards to any condition/s? Y N
If 'YES', please provide the referring medical practitioner's details:
Name: Surname:
Practice Number: Referral Date:

2.4 Was the patient referred by you to any other medical practitioner with regards to any condition/s? Y N
If 'YES', please provide the medical practitioner's details:
Name: Surname:
Practice Number: Referral Date:

3. MEDICAL PRACTITIONER'S DETAILS:

Name: Surname:
Practice Number: Tel Number:
Address:
Signed: Medical Practitioner's stamp: