APPENDIX C - 5

ATTENDING PHYSICIAN'S REPORT

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	PATIENT'S NAME			ACCII	DENT DATE	FILE NO.	
				E ATTENDING PHYSIC COMPLETED FORM TO		BENEFITS	S THAT MAY BE DU
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•					CLAIMS DEPARTMENT		
L				_			
PATIENT'S NAME AN	D ADDRESS	1000					
. AGE 3.	SEX	4. OCCUPATION	(IF KNOWN)				
HISTORY OF OCCUR	HISTORY OF OCCURRENCE AS DESCRIBED BY PATIENT						
. 1,101041 01 00004							
. DIAGNOSIS AND C	ONCLUMENT OF C	CONTRIBUTING CO	NDITIONS *				
. WHEN DID SYMPTOMS FIRST APPEAR?				8. WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION?			
ATE: . HAS PATIENT EVER H	IAD SAME OR SIM	AILAR CONDITION?		DATE:			
YES NO		to when and describe					
. IS CONDITION SOI		THIS ACCIDENT?					· · · · · · · · · · · · · · · · · · ·
YES NO I			OUT OF PATIENT'S	EMPLOYMENT?			
. IS CONDITION DU			OUT OF PATIENT'S	EMPLOYMENT?			
YES NO	E TO INJURY OR S	SICKNESS ARISING		EMPLOYMENT?			
YES NO	E TO INJURY OR S	SICKNESS ARISING DISFIGUREMENT OR		EMPLOYMENT?			
1. IS CONDITION DUI YES NO 2. WILL INJURY RESULT YES NO 1	E TO INJURY OR S I'M PERMANENT If "YES", de	SICKNESS ARISING DISFIGUREMENT OR			PATIENT SHOULD	RE ARIE TO	DETIIDALTO WODE.
1. IS CONDITION DUI YES NO 2. WILL INJURY RESULT YES NO 3. PATIENT WAS DISAR	E TO INJURY OR S T IN PERMANENT N "YES", de	SICKNESS ARISING DISFIGUREMENT OR ascribe		EMPLOYMENT?	PATIENT SHOULD	BE ABLE TO I	RETURN TO WORK:
), IS CONDITION DUI YES NO 2. WILL INJURY RESULT YES NO 3. PATIENT WAS DISAR PROM:	E TO INJURY OR S T IN PERMANENT IN "YES", de	SICKNESS ARISING DISFIGUREMENT OR			PATIENT SHOULD	BE ABLE TO I	RETURN TO WORK:
), IS CONDITION DUI YES NO 2. WILL INJURY RESULT YES NO 3. PATIENT WAS DISAR PROM:	F TO INJURY OR S F IN PERMANENT N "YES", de SLED (Unable to we	SICKNESS ARISING DISFIGUREMENT OR ascribe	P. DISABILITY?				RETURN TO WORK: CHARGES
). IS CONDITION DUI YES NO [] 2. WILL INJURY RESULT YES NO [] 3. PATIENT WAS DISAR PROM. 5. REPORT OF SERVICES	F TO INJURY OR S F IN PERMANENT N "YES", de SLED (Unable to we	DISFIGUREMENT OR DISFIG	P. DISABILITY?	14. IF STILL DISABLED, DATE		RED	CHARGES
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1. IS CONDITION DUI YES NO 1 2. WILL INJURY RESUL YES NO 1 3. PATIENT WAS DISAR PROM. 5. REPORT OF SERVICE	T IN PERMANENT IN "YES", do SIED (Usoble to w THE	SICKNESS ARISING DISFIGUREMENT OR SECTIBLE ORT ORT OPT OPT OPT OPT OPT OPT OPT OPT OPT OP	DESCRIPTIO	14. IF STILL DISABLED, DATE N OF SURGICAL OR MEDICA	L SERVICE RENDE	O DATE	CHARGES \$ \$ \$
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