

# DOCTOR'S DIANOSIS 진 단 서

TO : LG INSURANCE.,LTD.

PLEASE FILL IN BLOCK LETTERS

NAME OF PATIENT	AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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NATURE & CONDITION OF INJURY OR SICKNESS

WAS THE CONDITION AFFECTED BY ANY OTHER DISEASE OR BY PREGNANCY?  
 IF YES, WHAT IS IT?  YES  NO

IN CASE OF WHIPLASH INJURY OR LUMBAGO WAS SYMPTOM CONFIRMED BY X-RAY SEANS OR AS SUCH?  
 YES  NO

WAS THE PATIENT FOUND DRUNKEN WHEN FIRST ATTENDED?

PERIOD OF TREATMENT	FROM	TO
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PERIOD OF HOSPITALIZATION	FROM	TO
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GIVES DETAILS OF THE TREATMENT OR OPERATION RENDERED

WAS PROFESSIONAL NURSING REQUIRED?  
 YES  NO IF YES. PERIOD : FROM TO

DOES THE PATIENT REQUIRE FURTHER TREATMENT?  
 YES  NO

TREATMENT COST	DOCTOR'S FEE		HOSPITALIZATION EXPENSES	
	SURGICAL OPERATION EXPENSES		PROFESSIONAL NURSING EXPENSES	
	X-RAY EXAMINATION EXPENSES			
	LABORATORY TESTs EXPENSES			
	MEDICAMENT EXPENSES		TOTAL	

_____ / _____ / 20 DAY / MONTH / YEAR	NAME AND ADDRESS OF THE HOSPITAL _____ TEL _____  ATTENDING DOCTOR _____
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