



redefining / insurance

Customer Care Centre

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Medical Discharge Summary

This certificate is to be furnished at the claimant's expense and is to be completed by usual doctor of the person who is the claimant

1 General information

1.1 Patient name

1.2 Age

1.3 Medical record number

1.4 Date of admitted

1.5 Date of discharged

2 Medical information

2.1 A) Symptom

B) How long has the patient been suffering from the symptom?

2.2 Diagnosis of illness

2.3 Brief history & essential physical examination

2.4 Has the patient ever seen a doctor for this or any similar condition in the past?

(if YES, please state the consultation date)

2.5 Significant laboratory, x-ray, USG, etc

2.6 Treatment

2.7 Follow-up arrangements

Name & signature of attending physician & hospital stamp

Date