



**Supplement of Critical Illness & Total Disability Benefit Claim Form Part II-CANCER**

Name of Patient: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_

- d) What staging classification is used and what is the tumour staging in this patient?
  
- e) Is there invasion of adjacent tissues?
  
- f) Is there any distant metastasis?
  
- g) Are regional lymph nodes involved?
  
- h) If the diagnosis is skin cancer, is it malignant melanoma?
  
- 5) According to your record, had you ever heard of this patient suffered from any major/chronic/congenital disease? If so, please elaborate.
  
- 6) When did you last see the patient? What was his/her condition?
  
- 7) Any other information to supplement the above?

\_\_\_\_\_  
I hereby certify that I have personally attended the above named patient and that all the information supplied by me on this form is true and correct to the best of my knowledge and belief.

_____ Name of practitioner	_____ Qualification(s)	_____ Date
_____ Medical Practitioner's Signature (With Chop)	_____ Specialty/Department/Unit (if from hospital)	_____ Contact Number