Cancer Medical Statement

SUKOON INSURANCE

Bupa

Important information

Please ask the doctor who has treated you to complete this form.

If there is insufficient space for you to complete your answers, please use the Notes section overleaf and indicate that you have done so by ticking here. ◯

Please return this form to Oman Insurance Company P.S.C. ("Sukoon"), Head Office: P.O. Box 5209, Dubai, United Arab Emirates.

1 Applicant's personal details

Membership Number	BI - ____ - ____ - ____
Title	
First name	
Other initials	
Family name	
Date of birth	D D M M Y Y Y Y
Date form completed	D D M M Y Y Y Y

2 Please answer the following questions

1. When was the patient diagnosed with cancer?	
2. Type and / or location of the cancer? Please include staging and grading of cancer.	
3. What treatment did the patient receive? Please include dates of surgery / biopsy, type of surgery performed and confirmation if the entire lesion was removed.	
4. When did the last active treatment take place (by active treatment we mean: chemotherapy, radiotherapy or surgery)?	
5. Has the patient had any investigations or consultations since then? Please provide results of any tumour markers found and details of any recurrences.	
6. Is the patient on any medication in relation to the cancer (for example, preventative medication such as Tamoxifen)?	
7. When was the last time you saw this patient and what was the outcome of that visit?	

2 Please answer the following questions (continued)

8. Is any further follow-up care planned? Please also confirm if there any present symptoms or any complications.	

3 Doctor's details

Name	
Address	
Contact number	

Doctor's signature	Date
	D D M M Y Y Y Y

4 Notes

Oman Insurance Company P.S.C. ("Sukoon") is the insurer and local administrator in the UAE. Plans are internationally administered by Bupa Global.
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