



\* **Medical Condition History** (list the progress of your medical condition from the beginning till present with dates):

Date	Progress of the medical condition (list symptoms, treatment plan, investigations results)

\* **Patient's General Medical History** (list all other confirmed medical conditions you are suffering from – if any):

1-
2-
3-
4-

\* **List all the medications you take on regular basis:**

Name of medicine	Frequency	Dosage
1-		
2-		
3-		
4-		
5-		
6-		

\* **Family Medical History** (List the medical conditions that your family – parents, brothers & sisters only - are suffering from – if any):

Relationship	Medical Condition(s) name

**\*Reason for the second Medical opinion** (Please specify the question(s) that you would like to have an answer for through this second medical opinion):

**Important:**

**The following documents must be attached:** (medical report from the treating doctor along with all related laboratory & Radiology investigations reports)

**Declaration**

- I have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that maybe relevant to provide a second medical opinion service.
- I completely & legally authorize Takaful Emarat to release my medical information to the party that will provide second medical opinion service.
- I understand that the second medical opinion provided to me through Takaful Emarat is only an advice based on the information available, & will not legally hold Takaful Emarat responsible for any consequences that result from this service.

Patient's Name

Signature

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**TO BE FILLED BY THE INSURANCE COMPANY**

<b>Insurance Company Eligibility Decision</b>	
<b>Comments</b>	

Issuance date:    /    /

Authorized Name:

Signature: