

**第二部份 - 醫療報告 (由索償人自費聘請主診註冊西醫填寫) 有關於：**

The actual undergoing of surgery to the brain under general anaesthesia. Brain surgery during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are excluded. Brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist.

在全身麻醉下進行腦部顱骨切開手術。腦部外科手術包括鎖孔外科手術但不包括 所有不需手術切開或切除組織的治療如加碼射線、腦血管神經放射介入治療如栓 塞形成、血栓溶解及立體定位活檢。因意外而需要進行的腦部外科手術亦同時 除外。有關手術必須獲合資格的專科醫生認為必須進行。

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<p>9. Is there any patient's family history which would increase the risk of this illness? 病人是否因其任何的家族病史而增加患上此疾病的機會?</p> <p><input type="checkbox"/> Yes, please provide details : 有, 請詳述 : _____ <span style="float: right;"><input type="checkbox"/> No 沒有</span></p>											
<p>10. Does the patient smoke cigarette? 病人是否有吸煙習慣?</p> <p>Yes, has been smoking since 有, 由 _____ (DD/MM/YY) 日/月/年開始吸煙 <span style="float: right;"><input type="checkbox"/> No 沒有</span></p> <p><input type="checkbox"/> Ex-smoker, started on _____ (DD/MM/YY), ceased on _____ (DD/MM/YY) 前吸煙者, 開始於 _____ (日/月/年), 於 _____ (日/月/年) 停止</p>											
<p>11. All consultants, specialists and hospitals to which your patient has been referred to or attended for this illness 病人因此病症而曾接受過診治的, 或曾被轉介過的所有醫生 (普通科及專科) 和醫院的名稱</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 25%;"><u>Consultation Date</u> (DD/MM/YY) 就診日期</th> <th style="text-align: left; width: 25%;"><u>Physician / Hospital</u> 醫生/ 醫院全名</th> <th style="text-align: left; width: 25%;"><u>Diagnosis</u> 診斷</th> <th style="text-align: left; width: 25%;"><u>Treatment and Investigation Results / Hospitalization</u> 任何醫療診治及檢查結果 / 住院詳情</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				<u>Consultation Date</u> (DD/MM/YY) 就診日期	<u>Physician / Hospital</u> 醫生/ 醫院全名	<u>Diagnosis</u> 診斷	<u>Treatment and Investigation Results / Hospitalization</u> 任何醫療診治及檢查結果 / 住院詳情				
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<p>12. Name, date and details of the brain surgery performed. 請提供該腦部外科手術的名稱, 進行日期及詳情。</p>											
<p>13. Is the brain surgery required as a result of any event of accident? 該腦部外科手術是否因為意外而需要進行?</p> <p><input type="checkbox"/> Yes, details of the accident are: 是, 意外的詳情是:</p> <p> </p> <p><input type="checkbox"/> No, the underlying cause(s) leading to this brain surgery is/are: 不是, 導致進行此腦部外科手術的原因是:</p>											
<p>14. Is general anaesthesia used during the brain surgery? What was the reason? 該腦部外科手術是否在全身麻醉下進行? 請說明理由。</p>											
<p>15. What is the prognosis of the patient? 病人現時進展及狀況</p>											
<p>16. What tests were performed to confirm the diagnosis? (Please enclose copies of all laboratory reports and relevant medical reports that are available) 有什麼檢驗結果讓閣下能確定此診斷? (請提供有關檢驗報告及醫療報告副本)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>Test Date</u> (DD/MM/YY) 檢驗日期(日/月/年)</th> <th style="text-align: left; width: 33%;"><u>Test Item</u> 檢驗項目</th> <th style="text-align: left; width: 33%;"><u>Result / Diagnosis</u> 結果/診斷</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				<u>Test Date</u> (DD/MM/YY) 檢驗日期(日/月/年)	<u>Test Item</u> 檢驗項目	<u>Result / Diagnosis</u> 結果/診斷					
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<p>17. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料</p>											
<p>Name of Physician _____ 醫生姓名</p> <p>Hospital Name (if applicable) _____ 醫院名稱(如適用)</p> <p>Address _____ 地址</p> <p>Signature &amp; Hospital/ Physician's Chop _____ 醫院/ 醫生簽署及蓋印</p>		<p>Qualification _____ 資歷</p> <p>Telephone No. _____ 聯絡電話</p> <p>Date (DD/MM/YY) _____ 日期 (日/月/年)</p>									

