

ANNEXURE I: PREAUTHORIZATION FORM



This form must be filled and submitted for all planned admissions

History of Past Illness - (past diagnosis, past procedures, causative factors from past)

Examination Findings

Height Weight

BMI Temperature Pulse Blood Pressure

General Examination

Systemic Examination

Investigation Details

Investigations/tests

Diagnosis established by test

Doctor Name & Reg No.

Diagnosis

Primary Diagnosis

Relevant details of diagnosis

Plan of Treatment

Category Name

Procedure/Treatment Type

Procedure Name

Speciality & Admitting Doctor

I hereby declare that the pre-authorization request is in line with the medical treatment requirements of the above patient in view of the diagnosis and medical facts of the case.

Date

Signature of Treating Doctor
with Seal

