



# Aplastic Anemia

## Physician's Statement (Specialist only)

**PLEASE PRINT**

Name of patient: \_\_\_\_\_  
Surname First Name Date of Birth (mm/dd/yy)

Address: \_\_\_\_\_  
Number & Street City Province Postal Code

Telephone ( ) \_\_\_\_\_

1. a) On what date did your patient first consult you for this condition (mm/dd/yy)? \_\_\_\_\_

b) How long has this person been your patient? \_\_\_\_\_

c) When did the patient first exhibit symptoms relative to the final diagnosis of aplastic anemia (mm/dd/yy)? \_\_\_\_\_  
What symptoms were experienced by your patient?  
\_\_\_\_\_  
\_\_\_\_\_

2. Was a biopsy performed? If yes, please provide date, name of physician and a copy of the applicable test results?  
\_\_\_\_\_  
\_\_\_\_\_

3. Was a blood product transfusion performed? If yes, please provide date of such treatment and confirm the name of the physician who performed the procedure.  
\_\_\_\_\_  
\_\_\_\_\_

4. Please confirm if your patient received any of the following treatments:

|                             |                              |                             |                  |       |
|-----------------------------|------------------------------|-----------------------------|------------------|-------|
| Marrow Stimulating agents   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates (mm/dd/yy) | _____ |
| Immunosuppressive agents    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates (mm/dd/yy) | _____ |
| Bone marrow transplantation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates (mm/dd/yy) | _____ |

5. a) Please provide the date that the diagnosis of aplastic anemia was determined (mm/dd/yy): \_\_\_\_\_

b) On what date (mm/dd/yy) the patient advised of the diagnosis and by whom:  
\_\_\_\_\_  
\_\_\_\_\_

6. Please provide details of relevant investigations and laboratory results?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please indicate if patient has any predisposing disorders or risk factors for aplastic anemia.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there a family history of aplastic anemia?  Yes  No

Please give details.

\_\_\_\_\_  
\_\_\_\_\_

9. Please give below any other information that would be helpful in the assessment of your patient's claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide copies of any specialist or hospital reports.**

|                                       |                     |                   |                      |
|---------------------------------------|---------------------|-------------------|----------------------|
| _____<br>Name (Please print)          | _____<br>Degree     |                   |                      |
| _____<br>Street Address               | _____<br>City       | _____<br>Province | _____<br>Postal Code |
| _____<br>Area Code & Telephone Number | _____<br>FAX number |                   |                      |
| _____<br>Date (mm/dd/yy)              | _____<br>Signature  |                   | _____<br>MD          |

This form is to be completed by a physician licensed in Canada whose practice is limited to the particular branch of medicine relating to the applicable critical illness. The INSURED is responsible for the completion of this form without expense to the Company.

PERSONAL INFORMATION CONSENT: The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among Wawanesa Life Insurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting [privacy@wawanesa.com](mailto:privacy@wawanesa.com) or by calling 1-888-997-9965 and asking to speak to the Privacy officer.