

APPLICATION FOR MEDICAL ADVISORY MOTIVATIONS: ASSISTIVE DEVICES

RETURN FORM TO: MAS DEPARTMENT PRIVATE BAG X128 CENTURION 0046. FAX (012) 673 5511/2. CONFIRMATION AT 0861 147 741

1. Patient particulars (user)															
Surname						Membership no									
First name						Option			Dependant						
Postal Address						Title			Gender		M	F			
						Tel (home) code									
						Tel (work) code									
Code						Birth date			Age						
2. Principal member particulars															
Surname						Title			Initials						
Tel (w) code				No		Cell phone									
Tel (h) code				No		Fax code / no									
3. General information on services applied for:															
Description of service(s)				NRPL code / product / nappi code				Diagnosis description/ diagnosis code				Cost / quotation			

4. Details of additional suppliers or facilities:											
Hospital / Rehabilitation						Contact person					
Tel (Code)						Fax (Code)					

Details of other suppliers: (provider to claim for items/services - (attach prescription where appropriate))

Orthotist/Wholesaler Prosthetist /Pharmacy						Practice number					
Tel (Code)						Fax (Code)					

5. Additional information required for specific services. Please attach to the cover sheet

The following table explains additional requirements for specific services as indicated with an X.

REQUIREMENTS:	SERVICES:																			
	Nebuliser	Glucometer	Wheelchair	Hearing aid	CPAP	Stomabags	Oxygen													
Audiogram				X																
Body Mass Index (length & weight)					X															
Clinical history	X	X	X	X	X	x	x													
Pathology																				
NRPL codes / product codes / nappi codes			X	X	X	x														
Quotation/Cost analysis	X	X	X	X	X	x	x													
Sleepstudy: Apnoea/Hypoapnoea l/hr and de-saturation value					X															
Compliance report							x													

6. Particulars of treating provider:											
Referring provider						Discipline					
Treating provider						Discipline					
Address											
									Area code		
HPCSA number						Tel (code) and number					
Practice number						Fax (code)					
Date						Qualification					
Signature						e-mail address					