APPLICATION FOR MEDICAL ADVISORY MOTIVATIONS:PHARMACOLOGY

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. *General information on services applied for:*

Description of service(s)	NRPL code / product / nappi code	Diagnosis description/ diagnosis code	Cost /quotation

3. *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)		

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

SERVICES:	Visudyne	Avastin	Venofer	Polygam	Synagis	Botox	Nappies	Stoma care products										
REQUIREMENTS:																		
Clinical motivation	x	x	x	x	x	x	x	x										
Clinical coloured photo's																		
NRPL codes / product codes / nappi codes	x	x	x	x	x	x	x	x										
Quotation/Cost analysis	x	x		x	x	x	x	X										
Refractive readings	x																	
Pathology			x															
Serology report				x														

Excluded from Benefits: Xygris

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	