

APPLICATION FOR MEDICAL ADVISORY MOTIVATIONS:PROCEDURES

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				
Postal Address					Title				
					Tel (home) code				
					Tel (work) code				
Code					Birth date				

2. General information on services applied for:

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

	Breast Reduction	Breast reconstruction	Refractive eye surgery/additional optometry benefit/phakic implant	Strabismes repair(older than 10 years)	Blepharoplasty/ptosis repair	Schlerotherapy	Nose Reconstruction	Woundcare/Vac Therapy	Home nursing	Transplants	Brachtherapy	Z-Plasty	Otoplasty	Gynecomastia	Code 0018	Skin lesion code 0311	Specialised Radiology/Multiple levels	Basic Dentistry/extractions older than 7 years	Plastic surgery
SERVICES:																			
REQUIREMENTS:																			
Audiogram																			
Body Mass Index (length & weight)	x																		
Clinical motivation	x	x	x	x	X	X	x	x	x	x	x	x		x	x	x	x	x	x
Clinical coloured photo's	x	x		x	X	X	x	x						x					x
NRPL codes / product codes / nappi codes	x	x	x	x	X	x	x	x	x	x									
Quotation/Cost analysis	x	x	x			X		x	x	x	x							x	
Sleepstudy: Apnoea/Hypoapnoea l/hr and de-saturation value																			
Refractive readings			x		x														
Pathology																			

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				