

PATHFINDER: DENTAL IMPLANT PROCEDURES

RETURN TO: SPECIALISED DENTISTRY, PRIVATE BAG X128 CENTURION 0046. dentalpreauths@caretech.co.za.
ENQUIRIES: 0861 147 741.

How to complete this form

- Please consult your regular doctor to complete the application form.
- **Complete one form per patient.** Additional forms are available by dialling 082 239 2865 from a 'tone-set' fax machine.
- Please retain the **original application** and present it to the dentist of your choice once the pre-authorisation has been received.
- Please allow 15 days for information to be processed.

Section A – To be completed by the member

Patient particulars

Surname		Membership no	
First name			Dependant
Postal address	Title	Gender	M F
	Tel (home) code		
	Tel (work) code		
Area code	Date of birth		

Principal member particulars

Surname		Title		Initials
ID number			Option	
Tel (w) code	No	Cell phone no.		
Tel (h) code	No	Fax code / no.		

Please indicate where the pre-authorisation should be sent to:

Please mark only ONE option:

- OPTION 1:** My dentist (provide details), or
- OPTION 2:** Myself (provide details – please take confidentiality into consideration when providing a fax number).

Details where pre-authorisation document should be faxed to:

Dentist		Dr practice no	
Contact person	Tel (Code)		
Fax (Code)	e-mail address		

Patient declaration

- Are you aware that there are certain limits on benefits for implants?
- Were the three main phases of your treatment plan discussed with you?
- Were the alternative treatment procedures AS STATED IN Section B (except implants) discussed with you?
- Was the chance of failure of implant therapy discussed with you?
- Was your obligation to maintain exceptionally good oral hygiene after receiving implants discussed with you?

Please state YES/NO

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Signature of patient
(If patient is older than 14 years)

Signature of principal member
(If patient is younger than 14 yrs old)

Date

Section B – To be completed by the provider

How to complete this form

- All sections of this form must be completed by the relevant parties before it is submitted.
- Benefits will only be granted after the Scheme has notified the service provider in writing that benefits have been granted. No radiographs or study models must accompany the form

Phase I and II (To be completed by the practitioner who will perform Phases I and II.)

Teeth information:	Teeth current/present:	Positions where implants are planned:	
Present state of oral hygiene:	Bad/Average/Good/Excellent)		
Possible alternative procedures:			
Motivation why implants are considered as the treatment of choice:			
Phase I: Placement of osseo-integrated:	Provisional service date/s:	Provisional procedure codes:	Estimated cost of procedure(s): R (excluding theatre and anaesthetics):
	Provisional material cost of implant components: R		Assistant (YES/NO):
Phase II (exposure of osseo-integrated implants):	Estimated integration period prior to exposure:	Provisional procedure code/s:	Estimated cost of procedure/s R (excluding theatre and anaesthetic):
	Provisional material cost of implant components: R		
Surgeon name			
Address			Area code
HPCSA number		Tel (code)	
Practice number		Fax (code)	
Date		Qualification	
Signature		e-mail address	

Phase III (To be completed by the practitioner who will perform Phase III)

Phase III (crown/bridges/dentures)	Proposed clinical codes and costs:	Proposed laboratory codes and costs, include the invoice (original or copy) of the component costs where necessary:	
Estimated healing period after Phase II and prior to Phase III	Exposition, should the intention be not to complete all prosthodontic services simultaneously:		
Name			
Address			Area code
HPCSA number		Tel (code)	
Practice number		Fax (code)	
Date		Qualification	
Signature		e-mail address	