

# PATHFINDER: APPLICATION FOR ORTHODONTIC TREATMENT (TARIFF CODES 8861 – 8890)

RETURN TO: SPECIAL DENTISTRY PRIVATE BAG X128 CENTURION 0046. [dentalpreauths@caretech.co.za](mailto: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.

## **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**

- I understand and accept that personal clinical information will be made available to my medical scheme and their authorised agents in order to make informed recommendations regarding my teeth.
- I understand that the information will remain confidential at all times.
- I declare that the supplied information provided is correct.

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 dentist or orthodontist

### Important information

- Please provide Pathfinder with the laboratory estimation where tariff codes 8858, 8862 and 8863 apply
- Provide cephalometric tracing and analysis if tariff codes 8881, 8883, 8885 and 8887 apply.
- When preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment are provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment should be deducted from the fee quoted for comprehensive orthodontic treatment
- Please do not include any study models at this stage. Should Pathfinder require study models, we will request it specifically and return it after two weeks

### Patient particulars

Surname		Membership number	
Initials		Title	Dependant no

### Treatment plan:

Clinical codes of intended treatment	Total tariff (8858/8865/8866 deducted where possible)	Total duration of treatment
Initial primary tariff	Sequential monthly fee	
Please state the phase of this treatment, including those already completed (e.g. extracting, functional therapy, surgery, etc.)		
Who requested this orthodontic treatment?		Reason for this request
Please use tooth numbering where applicable, mm or degree during the presentation of the following information of this treatment.		
Angle classification (plus division) at start	Leeway space	
Overjet	Overbite	
Diastemas	Rotated teeth	
Missing teeth	Teeth in abnormal position (describe)	
Tooth size (micro/macro/normal)	Curves of monsoon and spee	
Space analysis (Please state the acknowledge name of your analysis method)		
Cephalometric analysis – only for class II and III (please also state the acknowledged name of you analysis method and include a copy of the tracing). Any further information:		
Your motivation for the proposed orthodontic treatment under the specific code choice with reference to all above information (particularly concerning the functional aspect). For adults, include the cosmetic indication and the prognosis:		

### Particulars of practitioner

Name of dentist			
Address			Area code
HPCSA number	Tel (code)		
Practice number	Fax (code)		
Date	e-mail address		
Signature	Qualification		