

PLATINUM HEALTH CHRONIC MEDICATION



**PLATINUM
HEALTH**

HOW DOES IT WORK?

TELEPHONE NUMBER:

014 590 1700

E-MAIL ADDRESS:

phscript@platinumhealth.co.za

FAX NUMBER:

086 577 0274

POSTAL ADDRESS:

Platinum Health
Chronic Medicine Department
Private Bag X82081
Rustenburg, 0300



1

The doctor completes the chronic medicine application form and writes a prescription.



2

The patient completes the chronic delivery form.

PLEASE NOTE

For all chronic medicine orders and queries call **014 590 1700** on **Mondays to Fridays** from **8:30 until 16:00**.

Chronic medicine can be collected on **Mondays to Fridays** from **08:00 until 18:00**.

No chronic medication will be dispensed or supplied on weekends. The Chronic Medicine Department is **closed** on **Saturdays, Sundays and Public Holidays**.



3

Both the chronic medicine forms (application and delivery), together with the prescription, are faxed or emailed to the Chronic Medicine department.



4

The Chronic Medicine Department contacts the patient to confirm the details and arrange delivery if the relevant information is not available or incomplete.



5

The patient's medication is delivered at the address as per delivery form. Generally, three months' supply is issued.

6

To have a next repeat of the script delivered, an request must be placed with the Chronic Medicine department in due time. Repeat prescriptions require a processing time of five working days.



CHRONIC MEDICATION DELIVERY ORDER FORM

MEDICAL SCHEME DETAILS	
MEDICAL SCHEME NUMBER	
MEDICAL SCHEME OPTION	
MAIN MEMBER SURNAME	
MAIN MEMBER INITIALS	

PATIENT DETAILS		
TITLE		
SURNAME		
NAME		
TELEPHONE NUMBER	Work	
	Home	
	Cellphone	
PHYSICAL ADDRESS FOR DELIVERY		
POSTAL ADDRESS		

NEXT OF KIN DETAILS		
TITLE		
SURNAME		
NAME		
TELEPHONE NUMBER	Work	
	Home	
	Cellphone	



PLEASE COMPLETE A SEPARATE REQUEST FOR EACH PATIENT RESIDING AT A DIFFERENT ADDRESS FROM THAT OF THE MAIN MEMBER.

