

PLATINUM HEALTH CHRONIC MEDICATION ORDER FORM

For all chronic medicine orders and queries call **014 590 1700**

on **Mondays to Fridays** from **8:30 until 16:00**

Tel: 014 590 1700 (follow the voice prompts)

Fax: 014 590 1752/086 577 0274

Email: PlatinumHealthChronicMedication@platinumhealth.co.za

PLATINUM HEALTH CHRONIC MEDICATION ORDER FORM



**PLATINUM
HEALTH**

The ordering of chronic medication is necessary. Order medication five working days in advance, no chronic medication will be dispensed or be supplied on weekends.

CHRONIC MEDICATION ORDER FORM

| | | | | |
|---|--------------------------------|--|-----------------|--|
| MAIN MEMBER SURNAME | | | | |
| MAIN MEMBER INITIALS | | | | |
| MEDICAL AID NUMBER | | | | |
| ADDRESS | | | | |
| PATIENT INITIALS | 1 | | 2 | |
| | 3 | | 4 | |
| DURATION THAT MEDICATION MUST BE DISPENSED | Please mark with an "X" | | | |
| | 1 month | | 3 months | |
| TELEPHONE NUMBER | | | | |
| DATE OF ORDER | | | | |

Chronic medicine can be collected on Mondays to Fridays from 8:00 until 18:00.

