

SPECIALIST FEEDBACK

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| C | C | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Patient Name/Surname:

Medical Scheme Number:

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 Dependant code:

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|--|--|
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|--|--|

Patient Contact No: Date of birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| C | C | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Alternative Contact No:

Specialist: Contact number:

Practice nr:

| | | | | | | | | | |
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Diagnosis:

ICD10 Code:

Follow up visit, post-operative (6 weeks),
Date of appointment:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| C | C | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

 Authorisation no:

FEEDBACK

Special requests/diagnostic test required for follow up:

Specialist follow-up interval and reasons:

GP follow-up interval:

• Discharged to GP:

• Instructions to GP:

Additional referrals to supplementary provider (eg Physio) by PHMS site:

Treating doctor signature:

*Specialists authorisations to be requested one week (5 working days) prior to the appointment

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