



PLATINUM HEALTH

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REFERRAL LETTER

Platinum Health site:		Referral date:	C	C	Y	Y	M	M	D	D									
Patient Name/Surname:																			
Medical Scheme Number:											Dependant code:								
Patient Contact No:											Date of birth:	C	C	Y	Y	M	M	D	D
Referring doctor:											Contact number:								
Practice nr:																			
Diagnosis:																			
ICD10 Code:																			
Specialist:											Contact number:								
Practice nr:																			
Date of appointment:	C	C	Y	Y	M	M	D	D	Authorisation no:										

CLINICAL DETAILS:

Other referrals supporting documents:				Referring doctor signature:
ECG:		X-ray:		
Sonar:		Blood test:		

PLEASE PRINT, SIGN AND FAX OR E-MAIL BACK TO CASE MANAGEMENT.

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