



# PLATINUM HEALTH

Private bag X 82081, Rustenburg, 0300 • Fax: 086 247 9497 / 086 233 2406 / 086 233 1656 • E-mail: plathealth@angloamerican.com

## SPECIALISTS FEEDBACK

Date:

C C Y Y M M D D

Patient Name/Surname:

.....

Patient Contact No:

.....

Dependant code:

.....

Specialist:

.....

Date of birth:

C C Y Y M M D D

Contact number:

.....

Practice nr:

.....

Diagnosis:

.....

ICD10 Code:

.....

### FEEDBACK:

.....

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

C C Y Y M M D D

Authorisation no:

.....

Special requests/diagnostic test required for follow up:

.....

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

Referring doctor signature:

.....

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

Fax: 086 247 9497, 086 233 2406 or 086 233 1656 / E-mail: plathealth@angloamerican.com