



# PLATINUM HEALTH

Private Bag x 82081, Rustenburg, 0300 • Tel: 014 590 1700 | 080 000 6942 • A/H Emergency 082 800 8727 • Email: plathealth@platinumhealth.co.za

## 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
Alternative Contact No:																			
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 EMAIL BACK TO CASE MANAGEMENT.

Email: plathealth@platinumhealth.co.za