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

SPECIALISTS FEEDBACK

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:

Specialist: 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:

Clinical report received: ☐

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

Reffering doctor signature:

PLEASE PRINT, SIGN AND EMAIL BACK TO CASE MANAGEMENT.

Email: plathealth@platinumhealth.co.za