primecure
healthcare management

Specialist Referral Form

IMPORTANT NOTE: To be completed by General Practitioner. Any procedure not listed requires pre-authorisation: Prime Cure - 0861 665 665 or Email - auth@primecure.co.za. Pre-authorisation number should be recorded on the account to be considered for payment. Please submit your account electronically using the following destination code - 642P, alternatively post claims to: Prime Cure, Private Bag 2108, Houghton, 2041

A Doctor Details:

Referring Doctor: | Practice Number:

Email:

Tel: | Fax: | Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: | Medical Scheme/Health Insurer Plan:

Employer: | Paypoint No:

C Patient Details:

Surname:

First Name:

Postal Address: | Code:

Email: | Dependant Code:

Tel: | Fax: | Cell:

Identity Number/Passport: | Gender: Male ◯ Female ◯ Age

D Reasons for Referral:

Clinical/Professional Diagnosis:

Motivation for Referral:

ICD 10 Code: | Date on Onset: y y y y - m m - d d

E Specialist Practitioner's Details:

Specialist Name: | Practice Number:

Email:

Tel: | Fax: | Cell:

MP No: | Consultation Date: y y y y - m m - d d

Authorisation No: | Authorisation Date: y y y y - m m - d d

F Concomittant Medication - Patient Current Medicaton:

Diagnosis (eg: Hypertention)	ICD 10 Code (eg: J10)	Medication Description (eg: HZTZ)	Strength (eg: 25mg)	Directions (eg: 1/Daily)	Date of Diagnosis	Repeats (eg: 6/12)	Dispense (Self/Medipost)

G Special Investigations:

Date (eg: 01/01/2021)	ICD 10 Code (eg: FBC)	Result

H Additional Information:

Complete if relevant to diagnosis

Weight: ___ kg Height: ___ cm BMI: __ Smoker: Yes ◯ No ◯ Cigarettes per day: ___

◯ Injury on Duty Date: y y y y - m m - d d

◯ Previous Motor Accident Date: y y y y - m m - d d

General Practitioner Signature: _____ Date: y y y y - m m - d d