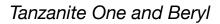
## **Specialist Referral Form**





All non-emergency specialist referrals require an authorisation, obtainable from the GEMS Call Centre on 0860 436 777. Please ensure that this form accompanies the patient when consulting with the authorised specialist practitioner.	
Authorisation no.	Date DDMMYYYY
Section A: P	atient details
Surname	
First name	
Date of birth	D   M   M   Y   Y   Y   Age
Postal Address	
Tol no (H)	(W) Cell no.
Tel no. (H)	
Scheme Option	
Member no.	Dependent code
Section B: R	deferring Nominated Family Practitioner's Details
Doctor's Initial	
Name	
Surname	
Practice no.	
Tel no.	
Email	
Section C: S	pecialist Practitioner's Details
Specialist Initial	
Name	
Surname	
Consultation appo	ointment date DDMMYYYY
Section D: P	ratient's Clinical Details
Clinical diagnosis	
Reason for referra	al
Date of onset	D D M M Y Y Y Y ICD10 codes
Current medication	on
Special investigat	ions and results
Referring doctor's	s signature Date DDMMYVVV
•	tioners please note: Tanzanite One and Beryl are low cost options subject to managed care protocols and formularies. The GEMS

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Email enquiries@gems.gov.za • Fraud Line 0800 21 2202 • HIV Aids Helpline 0860 436 736 • www.gems.gov.za

referrals, investigations or medication not in the formulary. Kindly call 0860 436 777 for all pre-authorisations or for further queries.