

Dental Report

Registration, Pre-notification and Pre-authorisation



To be completed by the dental service provider for Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx options.

Please complete relevant sections

Section A: Dental Practitioner/Therapist/Specialist

Dental Practitioner/Therapist/Specialist

Network provider code Practice no

Tel no (W) () Fax no () Cellphone no

Email address

Section B: Member and patient details

Main member initials Surname

Membership no

Patient full names

Dependant code Patient birthdate

Section C: Medical history

Only report on relevant medical conditions, allergies, prosthesis and/or medicine as recorded on your practice medical history questionnaire.

Section D: Dental charting: List current status of patient's dentition

NOTE: This dental chart must **ONLY** be completed at the first visit of a patient to the practice after 1 January 2013.

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

RIGHT

- A = Amalgam restoration
- P = Porcelain restoration
- MC = Metal crown
- RCT = Root canal treatment
- U = Unerupted or impacted tooth
- PO = Pontic

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

LEFT

- R = Resin restoration
- PC = Porcelain crown
- M = Metal restoration (inlay or onlay)
- X = Extracted tooth
- I = Implant
- D = Denture

Please record the current dental status of all teeth on the chart above by colouring/highlighting the applicable tooth surfaces on the chart and indicating in the blocks adjacent to any specific tooth the types of restorations, prosthesis and/or conditions present as per abbreviation legend above.

Report carious and/or fractured teeth by number and surface/s:

Section E: Intra- and extra-oral examination

Please note any additional findings:

Soft tissue

Hard tissue

Periodontal tissue

Section F: Treatment plan and quotation

Please attach a treatment plan and detailed quotation with all relevant treatment codes, tooth numbers, dental technician costs, etc. A printed copy generated by your practice management software is preferred.

Section G: Pre-authorisation and pre-notification request process

Complete the applicable sections of the Dental report in full, and email the form to enquiries@gems.gov.za or fax to **0861 00 4367**.

Should benefits be approved, a letter of authorisation will be faxed/mailed to the attending dental practitioner/specialist within two working days of receipt of this form and approval of benefits.

We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website: [GEMS PAIA Manual](#).