

3. Request for cover in full for non-formulary medicine (doctor to complete)

Please complete the table below where non-formulary medicine is prescribed for the treatment of PMB CDL conditions and the request is for cover without co-payment. Please supply a clinical motivation and supporting documentation where appropriate, as to why the formulary medicine cannot be used by the patient, including details of treatment failure or adverse drug reactions where applicable.

Medicine name and strength	Quantity	Motivation for the request

Previous medicine history

Medicine name and strength	Date treatment with this medicine was initiated	How long did the patient use the medicine?	Details of treatment failure or adverse drug reactions

4. Doctor's details (doctor to complete)

Full name and surname _____

Practice number

N	N	N	N	N	N	N	N	N	N
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Speciality _____

Telephone _____ Fax _____

Email _____

The outcome of this application can be communicated to me by Email Fax

Signature of doctor _____

Date

Y	Y	Y	Y	M	M	D	D
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 Please only sign if information is true, complete and correct.

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows: Email: complaints@medicalschemes.com | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.com

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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