



All the quality care you need

OMG Cataract Surgery Auth Global Fee

To be completed by OMG DSP Ophthalmologist



Patient Information (Compulsory)

Patient Surname

Patient First Name Gender: Male Female

Principal Member Surname

Principal Member Initials Membership Number

Patient Date of Birth Medical Scheme Name

Telephone Number Medical Scheme Option

Cell Number Dependent Code

Referring General Practitioner's Details (Compulsory)

Doctor's Name MP Number (Optional)

PR Number Medicross/Medicentre (Opt)

Tel (w) Network/IPA (Optional)

Fax

Cell E-mail (Optional)

Procedure Details

Clinical Diagnosis Other Clinical Information

Cataract Left Eye (Code: 99446) Dates of Procedures ICD10 Code

Cataract Right Eye (Code: 99445)

Specialist Practitioner's Details (Compulsory)

Specialist Name Consultation Date

PR Number MP Number

Tel (w) Fax

Cell E-mail

Concomittant Medication - Patient Current Medication (If Applicable)

Diagnosis (e.g. Hypertension)	ICD10 Code (e.g. J10)	Medication Description (e.g. HZTZ)	Strength (e.g. 25mg)	Directions (e.g. 1/Daily)	Date of Diagnosis (e.g. month & year)	Repeats (e.g. 6/12)	Dispense Self Medipost

Special Investigations (If Applicable)

Date (e.g. 1st January 2004)	Test Description (e.g. FBC)	Result

Additional Informations (If relevant to diagnosis)

Weight (kg) Height (cm) BMI Is this referral related to: Injury on Duty Date

Smoker Yes No Cigarettes per day Previous Motor Accident Date

Ophthalmologist Signature _____ Date of this Application

Enquiries contact:	Medicross	0860 101 151
	Prime Cure	0861 665 665
Or Fax to:	0865 207 980	
Or E-mail to:	auth@primecure.co.za	



You're in safe hands