oxycure.
we care

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Tijgervallei Office Park
Pony street
Silverlakes
Practice No. 1195131
012 469 0101
info@oxycure.co.za
www.oxycure.co.za

Referring Doctor Details

Doctor Name: _____

Practice No: _____ Tel No: _____

Address: _____

Doctor Signature: _____ Date: _____

Patient Details

Patient: _____ New Patient: ☐

ID Number: _____ Re-Auth ☐

Cell No: _____ Home No: _____

Next of Kin: _____ Tel No: _____

Medical Aid Details

Main Member: _____

ID Number: _____

Medical Aid: _____ Med Aid No: _____

Prescription

Diagnosis: _____ ICD 10 Code: _____

Oxygen at: _____ L/Min: _____ Hrs a Day

Portable Concentrator Yes ☐ No ☐ Nebulise Every _____ Hrs

Overall Comments _____

Supporting Documents Included (for Medical Aid Purpose)

Arterial Blood Gas ☐ Lung Function Test ☐ Motivation Letter ☐