	SOUTH AFRICAN NATIONAL DEFENCE FORCE REQUEST FOR SPECIAL SERVICE	FORM NO: DD0063(R2) ICN: 18-408-9166

Date of Consultation:

FROM *(SAMHS INSTITUTE)* *Military Hospital/Sick bay/Medical inspection room)*:

TO SUPPLIER:
Supplier Name:

Supplier Code:

REQUESTING HCP DETAILS
Force Number: Alias:

Initials & Surname:

Cell Number: Tel Number:

Institute: Discipline:

PATIENT DETAILS
ID/Force Number: Rank/Title Gender

Initials & Surname:

Age: DOB:

SERVICES REQUIRED

Service/s:

Diagnosis Code/s:

Procedure Code/s:

Authorised Amount:

REASON/S FOR OUTSOURCING

Reason/s:		***Explanation:***
Personnel shortage		
Equipment		
Medical Supplies		
Facilities		
Patient Load		

Date and Time of Appointment with External Service Provider:

	SOUTH AFRICAN NATIONAL DEFENCE FORCE REQUEST FOR SPECIAL SERVICE	FORM NO: DD0063 (R2) ICN:7530-18-408-9166

CLINICAL NOTES (SHORT NOTES AND PREVIOUS REPORTS WITH DATES):

HCP Signature

Date