

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.

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|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | |
| 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/emailed to the attending dental practitioner/specialist within two working days of receipt of this form and approval of benefits.