Specialist Referral Form

Tanzanite One and Beryl



All non-emergency specialist referrals require an authorisation, obtainable from the GEMS Call Centre on 0860 436 777. Please ensure that this form accompanies the patient when consulting with the authorised specialist practitioner.	
Authorisation no.	Date DDMMYYYY
Section A: Patient details	
Surname	
First name	
Date of birth	D D M M Y Y Y Y Age ID no. Gender M F
Postal Address	Code
Tel no. (H)	(W) Cell no.
Scheme Option	Tanzanite One Beryl Emerald Value
Member no.	Dependent code
Section B: Referring Nominated Family Practitioner's Details	
Doctor's Initial	
Name	
Surname	
Practice no.	
Tel no.	
Email	
Section C: S	pecialist Practitioner's Details
Specialist Initial	
Name	
Surname	
Consultation appo	pintment date DDMMYYYY Practice no.
Section D: Patient's Clinical Details	
Clinical diagnosis	
Reason for referra	al .
Tiouson for foreign	
Date of onset	D D M M Y Y Y Y ICD10 codes
Current medication	on
Special investigations and results	
Referring doctor's	signature Date DDMMYYYY
Specialist Practitioners please note: Tanzanite One and Beryl are low cost options subject to managed care protocols and formularies. The GEMS Tanzanite One and Beryl Medicine, Pathology and Radiology formularies are available on www.gems.gov.za. Pre-authorisation is needed for any further referrals, investigations or medication not in the formulary. Kindly call 0860 436 777 for all pre-authorisations or for further queries.	

Private bag X782 Cape Town • Service Provider Call Centre: 0860 436 777 • Fax: 0861 00 GEMS (4367) Email enquiries@gems.gov.za • Fraud Line 0800 21 2202 • HIV Aids Helpline 0860 436 736 • www.gems.gov.za