

3. Clinical data (to be completed by doctor)

Expected treatment start date:

D	D	M	M	Y	Y	Y	Y
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 Expected duration of treatment:

Clinical reason for requesting PREP:

Special investigation results (please provide copies of the reports):

	Test done?	If yes, specify results	Test date								
Baseline HIV test*	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 200px;" type="text"/>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Serum Creatinine/eGFR	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 200px;" type="text"/>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

*Require a negative ELISA result < 1 month old before we will approve treatment.

4. Medicine (to be completed by doctor)

Medicine	Dosage	Duration of treatment

Please specify any other medicine that the patient uses regularly

5. Treating Doctor's details (to be completed by the doctor)

Name

BHF practice number

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 Telephone

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Cellphone

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E-mail address

I acknowledge that:

1. The approval of this treatment is subject to the HIV status of the patient, and that
2. I have received the patient's consent to disclose their HIV status and any other related information to Engen Medical Benefit Fund and Discovery Health (Pty) Ltd.

Consent withdrawal for your Disease Management Benefits

Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the applicable disease management benefits. Claims which would usually be funded from the disease management benefits will, once consent is withdrawn, be funded from other available benefits according to the rules of your plan. Should you wish to continue with the consent withdrawal process, then please email HIV@engenmed.co.za.

Signature of doctor

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if information is true, complete and correct.