

# MEDIPOST Information Form

Must be used for all new/first time clients



## Medipost Contact Details:

Tel: (012) 426 4058, WhatsApp: (012) 426 4655

e-mail: specialmeds@medipost.co.za

PATIENT NAME	MOBILE NUMBER
SURNAME	LAND LINE NUMBER
ID NO	EMAIL
MEDICAL SCHEME	MEDICAL SCHEME NUMBER
OPTION	MAIN MEMBER

### CONSENT TO DELIVER MEDICATION :

TICK THE APPROPRIATE BLOCK	<input type="checkbox"/>	RESIDENTIAL	<input type="checkbox"/>	WORK	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
DELIVERY ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
DR.	PR NO.		CONTACT NUMBER				

### Include all tests as supporting documents for Authorisation:

	YES	NO	COMMENTS:
Valid Rx (max 6 months) indicating ICD 10 Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

### COMMENTS/OTHER INFO:

PATIENT initials and Surname:	<input type="text"/>
DATE:	SIGNATURE:

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Consent was obtained from the relevant data subject(s) and all reasonable measures shall be taken to protect such personal information as well as ensuring that any information provided is only used for the purposes it has been provided for. "Personal information" shall be defined as detailed in the Promotion of Access to Information Act, Act 2 of 2000 ("PAIA") and the Protection of Personal Information Act, Act 4 of 2013 ("POPIA").