

Date of Consultation:

FROM (SAMHS INSTUTE) 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:

DOB:

Age:

SERVICES REQUIRED

Services:

Diagnosis Code/s:

Procedure Code/s:

Authorised Amount:

REASON/S FOR OUTSOURCING

Reasons:

Personnel shortage

Equipment

Medical Supplies

Facilities

Patient Load

Explanation:

Date and Time of Appointment with External Service Provider:

