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File Number :	SOUTH AFRICAN ONCOLOGY CONSORTIUM		Copyright 2	2013 © SAOC Ltd		9	SAOC Reference :	
				1 : Patient Detail	s			
Surname:		Firstnam	ne:	Initials:	ID Number:		First Diagnosed:	
Gender:	Telepho	ne:	CellPhone:		Dependant Code:		Birth:	
Postal			Fax:		Email:			
Address								
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				. Maratina I Atal Dad	-11-			
			2	: Medical Aid Det	aiis 			
Principal Me	ember:		Membership Number:		Medical Aid:		Benefit Option:	
			3 : Pra	ctitioner Detail (F	ractice)			
	Name:		Practice Number:		HPCSA Numb	per:		
Contact P	Person:		Telephone Number:		Fax Numb	per:		
Email Ac	ddress:		Group Practice:					
□ Emergen	ncy 🗆 Urgeni	t						
				4 : Patient Histor	У			
			Diagnosis	and Criteria for PM	B Condition			
ICD Code:	: Primary	/ Site:						
Histology:	: First Diagnosis	Date:						
PMB Code:	Co	ondition:						
□ Metastati	ic Spread To Adjacent Orga	an 🗆	Irreverible/ Irreparable da	amage to organ of origin	or other vital organ			
□ Evidence	e of Distant, Metastatic Spre	ead \square	Well demonstrated 5 year	ar survival rate of greater	than 10%			



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	Second Diagnosis an	d Criteria for PMB Cond	lition								
ICD Code: Primary Site:											
Histology: Second Diagnosis Date:											
PMB Code: Condition:	PMB Code: Condition:										
□ Metastatic Spread To Adjacent Organ □ Irreverible/ Irreparable damage to organ of origin or other vital organ											
□ Evidence of Distant, Metastatic Spread □ Demonstrated 5 year survival rate for this cance is greater than 5%											
5 : Other Clinical Information											
Grade:											
ECOG Scale:		AJCC:									
Disease Stage											
T: N: M:	Stage Other:										
Metastases: Bone Date:		iver Date:	□ Lung Date:								
Other:			Date:								
Receptors:											
Co-Morbid:											
		ment History									
Date Descr	Drugs	Outcome	Comments								

Member Num: Plan Effective Date: Page of Dependant Num: Date Created:



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	6 : Treatment Intent and Review									
Plan Effective Date:		reatment Intent:			SAOC Level:		Clinic	al Trial : □		
☐ Hormone Manipulation	n □ Radiotheapy	Che	motherapy:		Other:					
Hospital Practice No:		Hospital Name:								
Hospital Motivation:										
Additional Comments:										
Treatment Review:										
Practitioner Sig	ınature:			Date:_			-			



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7 : Radiotherapy Treatment - (RAD)											
Professional Practice No.:	Name:					Professional Fe	es:				
Technical Practice No.:	Name:					Technical Fees:					
Start Date.:	Area of Interest:					Supporting Item	ns:				
Duration in Weeks:	Dose:		Total Radiotherapy :								
Prostate Volume:	Gleason Grade:	PSA:	IPSS:	Pros	tate Stage:	Hos	spital :				
Radiotherapy Comments:											
Radiotherapy Planning Code											
Product Name	Commencement	Week(s)	UnitPrice	Professional	Technical	Total					
				Radio	otherapy Plann	ing Code Sub Total	:				
			diation Code		D (
Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total				
					Radiat	ion Code Sub Total	:				
Member Num :	Dependant Num:	Date Created:		Plar	Effective Date:		Page of				



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Isotope										
Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total			
Isotope Sub Total :										
		Bra	achy Code							
Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total			
		i								
		J []								
					Brach	y Code Sub Total :				
		Supporting	Items and Ma	terials						
Product Name	Code	Commencement	Week(s)	UnitPrice			Total			
		i								
		i								
				Suppor	rting Items and N	laterials Sub Total :				



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		8 : Chen	notherapy T	reatment - (CHEM)				
Professional Practice No.:		Name:						
Chemo Prov Practice No.:		Name:						
Facility Practice No.:		Name:						
Starting Date.:		Height:	Weight:	Body Surface:				
Chemotherapy Comments:								
			Chemothera	apy : Part 1				
StartDate	Cycles	CycleCost		Total Cost	Port Inse	ertion 🗆 Hos	spital:	
		<u>(</u>		/ Service Fees				
Product Name		Cod	Cycle e Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
					Chemotherapy S	ervice Fees Sub	Total :	



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Supporting Drugs, Materials and Fluids Sub Total :

			_				
	<u>C</u> l	hemothera	py Drugs				
Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Tota
				Chemothe	apy Drugs Sub	Total : [
	<u>Supportin</u>	g Drugs, M Cycle	aterials and Fluids				
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Tota
]			
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		1		i			
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Dependant Num:

Date Created:

File Number :

Member Num:

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Chemotherapy : Part 2											
StartDate Cycles Cycles	eCost		Total Cost	Port Inse	Port Insertion Hospital:						
	Chen		Service Fees								
Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total				
				hemotherapy Se	rvice Fees Sub	Total :					
	<u>c</u>	Cycle	apy Drugs								
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total				
				Chemother	apy Drugs Sub	Total :					
	<u>Supporting</u>	<u>Drugs, M</u> Cycle	aterials and Fluids								
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total				
		<u> </u>									
			Supporting D	rugs, Materials a	and Fluids Sub	Total :					

Plan Effective Date: