



Information sheet for elective treatment in SA

Member Information:


Name & Surname _____


Membership number _____

Health International commencement date _____

Expiry date on Membership card _____

Do you have a medical referral or motivation letter?

Yes  (send together with this information sheet)

No  (please complete medical information sheet)

Have made all bookings

What procedure are you booked for? _____

Name and contact number of specialist _____

Date & time of booked consult/procedure _____

Details of Hospital _____

I have not made any bookings and would like AHI to assist.

What are your planned travel dates? _____

Whereabouts in SA will you be staying? _____

(Please state city & suburb so appropriate bookings can be made)

Contact details: Telephone _____

e-mail _____

Information required by AHI whilst in SA

Contact number for member whilst in SA: _____

Address/name of facility where you will be staying whilst in SA _____

Details of next of kin in SA

Name: _____ Contact numbers (Mobile): _____

Relationship to member: _____ Contact numbers (other): _____

Banking details, in case of refund _____
