

1 : Patient Details

Surname: Firstname: Initials: ID Number: First Diagnosed:
 Gender: Telephone: Dependant Code: Birth:

2 : Medical Aid Details

Principal Member: Membership Number: Medical Aid: Benefit Option:

3 : Practitioner Detail (Practice)

Name: Practice Number: HPCSA Number:
 Contact Person: Telephone Number: Fax Number:
 Email Address:

4 : Patient History

ICD Code: Primary Site:

Histology:

Grade:

ECOG Scale:

Disease Stage

T:

N:

M:

Metastases: Lung Brain Bone Liver Other:

Date of First Metastases:

Receptors:

Co-Morbid:

File Number :

SAOC Reference :

5 : Criteria for PMB Condition

PMB Code: Condition:

- Metastatic Spread To Adjacent Organ Irreversible/ Irreparable damage to organ of origin or other vital organ
 Evidence of Distant, Metastatic Spread Demonstrated 5 year survival rate for this cancer is greater than 5%

6 : Treatment Intent and Review

Plan Effective Date: Treatment Intent: SAOC Level: Clinical Trial :
 Hormone Manipulation Radiotherapy Chemotherapy: Other:
 Hospital Practice No: Hospital Name:
 Hospital Motivation:
 Additional Comments:
 Treatment Review:

Practitioner Signature: _____ Date: _____

7 : Radiotherapy Treatment - (RAD)

Professional Practice No.: Name: Professional Fees:
 Technical Practice No.: Name: Technical Fees:
 Start Date.: Area of Interest: Supporting Items :
 Duration in Weeks: Dose: **Total Radiotherapy :**
 Prostate Volume: Gleason Grade: PSA: IPSS: Prostate Stage:
 Radiotherapy Comments:

Radiotherapy Planning Code

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiotherapy Planning Code Total							<input type="text"/>

South African Oncology Consortium : Oncology Motivation Form

File Number :

SAOC Reference :

Radiation Code

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Radiation Code Total :

Isotope

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
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Isotope Total :

Brachy Code

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
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Brachy Code Total :

Supporting Items and Materials

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
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Supporting Items and Materials Total

8 : Chemotherapy Treatment - (CHEM)

Professional Practice No.:	<input style="width: 95%;" type="text"/>	Name:	<input style="width: 95%;" type="text"/>		
Facility Practice No.:	<input style="width: 95%;" type="text"/>	Name:	<input style="width: 95%;" type="text"/>		
Starting Date.:	<input style="width: 95%;" type="text"/>	Height:	<input style="width: 40%;" type="text"/>	Weight:	<input style="width: 40%;" type="text"/>
		Body Surface:	<input style="width: 40%;" type="text"/>		
Chemotherapy Comments:	<input style="width: 95%; height: 20px;" type="text"/>				

Chemotherapy Drugs

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total

Total Part 2 :

Supporting Drugs, Materials and Fluids

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total

Total Part 2 :