

# MEDICAL CERTIFICATE (HEALTH INSURANCE)

SOVEREIGN

(please print clearly)

To be completed by a Registered Medical Practitioner or Dentist (at client's expense) if no referral letter provided. A referral letter can be used instead, provided it contains the date of first consultation, history of condition, and the treatment received.

Name of client	<input type="text"/>		
Name and address of General Practitioner/Dentist	<input type="text"/>		
	<input type="text"/>		
I confirm that I am the Patient's General Practitioner/Dentist and that I referred the Patient to the Specialist for tests, e.g. x-rays	<input type="checkbox"/>	Date of referral	/ /
How long have you been the patient's medical attendant?	<input type="text"/>		
Medical condition requiring treatment	<input type="text"/>		
	<input type="text"/>		
Date of first medical examination by any Doctor/Dentist for this condition	/ /		
Details of first medical examination by any Doctor/Dentist for this condition and any subsequent consultations for this condition		Date of consultations	/ /
			/ /
			/ /
Details of the recommended treatment/test	<input type="text"/>		
Is this accident related?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, has an application been made to ACC? (please provide details including ACC Claim number below)
	<input type="text"/>		
	<input type="text"/>		
Signature of General Practitioner/Dentist	<input type="text"/>	Date	/ /

