

Complete by GP or Dentist

This form can only be used for Health insurance claims. Page 5 is only to be completed if a referral letter does not confirm the history of this condition. This information is required for Sovereign to complete assessment of your claim, this must be completed by your GP or Dentist.

A Appendix A - Medical Certificate

To be completed by a GP or Dentist (at client's expense) if a complete referral letter is not provided.

Policy Number**Name of client**

Mr/Mrs/Miss/Ms/Mx

Surname

First name

Name and address of GP/Dentist

Mr/Mrs/Miss/Ms/Mx/Dr

Surname

First name

Addresses

Street

Suburb

City

I confirm that I am the Patient's GP/Dentist and that I referred the Patient to the Specialist for tests, e.g. x-rays

Yes

No

/ /

Date of referral

How long have you been the patient's medical attendant?

years

months

Do you hold their previous medical records?

Yes

No

Medical condition requiring treatment

Date of first medical examination by any GP/Dentist for this condition and any subsequent consultations for this condition

Details of the recommended treatment/test

Is this accident related?

Yes

No

If yes, has an application been made to ACC?

No

Yes

Please provide details including ACC number

Signature and stamp of GP/Dentist

Date

