SAOC Reference:

File Number :			SAOC Reference :
	1 : Pa	tient Details	
Surname:	Firstname:	Initials: ID Number:	First Diagnosed:
Gender:	Telephone:	Dependant Code:	Birth:
	2 : Medi	cal Aid Details	
Principal Member:	Membership Number:	Medical Aid:	Benefit Option:
	3 : Practition	er Detail (Practice)	
Name:	Practice Number:	HPCSA Number:	
Contact Person:	Telephone Number:	Fax Number:	
Email Address:			
	4 : Pat	tient History	
ICD Code: Primary Site:			
Histology:			
Overder			
Grade: ECOG Scale:			
Disease Stage			
T:			
N:			
M:			
Metastases: ☐ Lung ☐ Brain ☐ Bo	one □ Liver Other:		
Date of First Metastases:			
Receptors:			
Co-Morbid:			

Page 1 of Dependant Num: Plan Effective date: Member Num:

File Number : SAOC Reference :

e Number .		<u>Treatment His</u>	story	O/100 Telefelloo .
Date	Descr	Drugs	Outcome	Comments

Member Num : Dependant Num: Plan Effective date: Page 2 of

South African Oncology Consortium : Oncology Motivation Form SAOC Reference: File Number: 5: Criteria for PMB 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% 6: Treatment Intent and Review Clinical Trial : Plan Effective Date: Treatment Intent: SAOC Level: □ Radiotheapy ☐ Hormone Manipulation 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:** Supporting Items: Start Date .: Area of Interest: Duration in Weeks: Dose: **Total Radiotherapy:** IPSS: Gleason Grade: PSA: Prostate Stage: Prostate Volume: Radiotherapy Comments: Radiotherapy Planning Code **Product Name** Code Commencement Week(s) **UnitPrice** Professional **Total Technical Radiotherapy Planning Code Total**

Member Num: Dependant Num: Plan Effective Date: Page 3 of

SAOC Reference:

File Number: Radiation Code **Product Name** UnitPrice Total Code Commencement Week(s) Professional Technical **Radiation Code Total:** Isotope **Product Name** Commencement Week(s) UnitPrice Total Code Professional Technical Isotope Total: Brachy Code **Product Name** Commencement Week(s) **UnitPrice** Total Code Professional Technical **Brachy Code Total:** Supporting Items and Materials Total **Product Name** Commencement Week(s) **UnitPrice** Code **Supporting Items and Materials Total** 8: Chemotherapy Treatment - (CHEM) Professional Practice No.: Name: Facility Practice No.: Name: Starting Date .: Height: Weight: Body Surface: **Chemotherapy Comments:**

Member Num: Dependant Num: Plan Effective Date: Page 4 of

File Number : SAOC Reference :

	Che	emotherap	oy : Part 1				
StartDate Cycles Cy	/cleCost		Total Cost	Port Inse	ertion 🗆		
	Chemo	otherapy	Service Fees				
Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
	1						
	i	i i					
	İ	i					
					Total	Part 1 :	
	<u>Ch</u>	<u>emothera</u>	py Drugs				
Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
	<u> </u>						
	<u> </u>						
	1						
	1						
					Total	Part 1 :	

Member Num: Dependant Num: Plan Effective Date: Page 5 of

SAOC Reference: File Number: Supporting Drugs, Materials and Fluids Cycle **Product Name** Code **Dosage and Frequency** X-Code **UnitPrice** QTY Total Length Total Part 1: **Chemotherapy: Part 2** CycleCost Total Cost StartDate Cycles Port Insertion □ **Chemotherapy Service Fees** Cycle **Dosage and Frequency Product Name** Code X-Code **UnitPrice** QTY Total Length Total Part 2:

Member Num: Dependant Num: Plan Effective Date: Page 6 of

File Number : SAOC Reference :

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
		<u> </u>					
					Tatal	D1-0 -	
					lotal	Part 2 :	
3	Supporting	<u>Drugs, M</u>	aterials and Fluids				
Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
Product Name	Code	Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total

Member Num: Dependant Num: Plan Effective Date: Page 7 of