



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Request for extended supply of medicine

Who we are

Retail Medical Scheme registration number 1176 (referred to as 'the Scheme'), is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

Purpose of the form

This is an application to ask for an extended supply of chronic or acute medicine. We will review this request only when you need the extra supply of chronic or acute medicine because you will be travelling for longer than one month, or up to and no longer than six months. Please note: the maximum period for extended supply of medicine we will consider is six months. We will decline requests for periods longer than six months.

If you cancel your membership or if your membership is suspended during the period for which we have approved your extended supply of medicine, you may have to pay the costs yourself or you may have to pay us back.

What you must do

- You need to apply at least seven working days before you travel.
- Complete one application form for each applicant.
- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be signed by the patient. The patient must sign and date any changes.
- If the applicant is under 18, a parent or legal guardian must complete the application form on their behalf. To avoid administration delays, please ensure this application is completed in full.
- Please return the completed form to chronicqueries@retailmedicalscheme.co.za.

Please note

- This is an approval for funding only and does not override any legal requirements that your pharmacist must comply with.
- You will need to have a valid prescription for the requested medicine. The maximum quantity that can be dispensed for some medicine is a 30 day supply.
- Please also check the Customs requirements and laws of the country you are visiting, before you travel, to avoid any issues with travelling with your medicine.

1. Main member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

2. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		

Relationship to main member

Date of departure Date of return

Destination

3. Medicine requested

Please include the medicine details in the table below. Enter only one medicine per line.

	Medicine name	Chronic or Acute
Medicine 1		
Medicine 2		
Medicine 3		
Medicine 4		
Medicine 5		
Medicine 6		
Medicine 7		
Medicine 8		
Medicine 9		

Patient's signature

(if patient is a minor, main member to sign)

Date