





## ACUTE MEDICATION

Condition	Drug Name	Drug Strength	Period Required	Quantity

**Note:** Chronic Medicine to be authorised via the Chronic Medicine Management process:  
Effective 1 June 2019: Tel: 086 000 2120 (member and provider) Email: medshieldauths@mediscor.co.za

## CLINICAL MOTIVATION

Please provide a brief outline of the reason for application.

---

---

---

---

---

---

---

---

---

---

---

---

## TREATMENT PLAN

Condition	Date of Test	Name of Test	Result

