

2. Appeal (doctor to complete)

2.1 Appeal for out-of-hospital medical management

Condition	Consultation or procedure code	Motivation and number of extra consultations or procedures

2.2 Appeal for medicine

Request for current medicine requested (please provide details and relevant laboratory tests to show success of therapy, for example blood pressure reading, HBA1C)

Condition	Medicine name, strength and dosage	Quantity each month	Is the patient controlled? (Please attach relevant details)
1.			
2.			
3.			
4.			
5.			

2.3 Previous medicine history

Medicine	Date medicine started	Length of therapy	Side effects experienced*	Lack of efficacy**

* Please provide details and severity

** Please provide details and attach laboratory test where appropriate

3. Doctor's details (doctor to complete)

Name of doctor

BHF practice number Speciality

Fax

Doctor's signature

Date 2 0 Y Y M M D D