FijiCare Insurance Limited
Level 9, FNPF Place, 343-359 Victoria Parade, P.O.Box 15808, Suva, Fiji. Phone (679) 330 2717 Fax (679) 330 2119
Western branch 117 Vitogo Parade, Lautoka. P.O. Box 7362 Lautoka, Fiji. Phone (679) 666 5717 Fax (679) 666 9711

REQUEST FOR REFERRAL / TREATMENT

PATIENT DETAILS

Surname		First Name	
D.O.B		Phone No	
Medical No (No on Card)		Programme Name/Policy no.	
Regular GP Details		Phone/ Fax for GP	

TYPE OF REQUEST (Please Tick)

☐ Private specialist _____
(Name of Specialist)

For: ☐ Diagnosis/ 2nd Opinion ☐ Follow up
☐ Surgery ☐ Other _____

☐ Hospital Admission _____

For: ☐ Diagnosis/ 2nd Opinion ☐ Follow up
☐ Surgery ☐ Other _____

MEDICAL DETAILS

Diagnosis			
Date of onset of symptoms		Date of Consultations	
Chemical Findings			
Results of investigations to Date			
Existing Medications			
Other Conditions		Drug Allergies	
Proposed Treatment			

REFERRING DOCTRS DETAILS

Doctors Name		**Signature**		**Date**	
Phone		**Mobile Phone**		**Fax No**	