

REQUEST FOR ADVANCE SUPPLY OF CHRONIC MEDICATION

You may apply for an extended supply of medication for a minimum of 2 months and a maximum of 3 months.
(Longer than 3 months may be reviewed on an exception basis)

HOW TO COMPLETE THIS APPLICATION FORM

- Please use one block per letter, complete with black ink and print clearly.
- To avoid administration delays, please ensure this application is completed in full.
- To be completed and returned to the administrator at least two weeks before you are due to collect your advance supply of chronic medication from your pharmacy.
- Please email the completed form to **clinical@angloms.co.za** or fax it to **011 539 1025** or post it to **PO Box 746, Rivonia, 2128.**

Membership number

Name of main member

Name(s) of dependants who are travelling

1.

2.

3.

4.

Departure date 2 0 Y Y M M D D (date you are leaving South Africa)

Return date 2 0 Y Y M M D D (date you are arriving back in South Africa)

I will require (number of months) advance supply of my chronic medication and I will be collecting the medication required from (pharmacy's name) between 2 0 Y Y M M D D and 2 0 Y Y M M D D

(Supply the dates within a 5 day period that will be convenient for you to collect the advance supply of chronic medication from the pharmacy).

The medication can only be claimed within this 5 day period.

Include the following documentation with this completed application form:

- Prescription covering the duration of your trip.
- Copy of your travel ticket or itinerary.

Signature of main member

Date 2 0 Y Y M M D D