

**Complete by GP or Dentist in absence of referral letter**

This form can only be used for Health Insurance claims and is only to be completed if a complete referral letter is not provided. This information is required for Sovereign to complete assessment of your claim, this must be completed by your GP or Dentist.

**A Appendix A - Medical Certificate**

To be completed by a GP or Dentist (at client's expense) if a complete referral letter is not provided.

**Name of client**

Title  Mr  Mrs  Ms  Miss

Surname

First name

**Name and address of GP/Dentist**

Title  Mr  Mrs  Ms  Miss  Dr

Surname

First name

Mailing address

Street

Suburb

City

Postcode

I confirm that I am the Patient's  
GP/Dentist and that I referred  
the Patient to the Specialist for  
tests, e.g. x-rays

Yes  No

/ /

Date of referral

How long have you been the  
patient's medical attendant?

years  months

Medical condition  
requiring treatment

Date of first medical  
examination by any GP/Dentist  
for this condition and any  
subsequent consultations for  
this condition

/ /

Details of the recommended  
treatment/test

Is this accident related?

Yes  No

If yes, has an application been  
made to ACC?

No  Yes

Please provide details  
including ACC number

Signature and stamp of  
GP/Dentist

Date

/ /

