

**Confidential**

MINISTRY OF HEALTH & SOCIAL SERVICES  
Department of Health

SPECIALISED TREATMENT OVERSEAS

Name of Patient:  Case No.:

NIN:  Sex:

DOB:  Age:  Hospital No.:

Address:  Occupation:

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Proposed investigation/treatment: \_\_\_\_\_

Country	<input type="text"/>
Hospital	<input type="text"/>
Consultant	<input type="text"/>
Estimated Cost	<input type="text"/>

Aim and expected outcome of investigation/treatment: \_\_\_\_\_

Prognosis without overseas referral: \_\_\_\_\_

How soon should the patient travel? \_\_\_\_\_

Type of escort required: None / Doctor / Nurse  
Mother  
Other (specify) \_\_\_\_\_

Is the person aware that overseas investigation/treatment is being considered? Yes / No

Name of Consultant making request: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Medical Board: \_\_\_\_\_

**Permanent Members:**

Dr Philippe Govinden

Dr George Panovsky

Mr Henry Telemaque

Dr Erna Athanasius

Dr Zia Rizvi

Dr Daniella Malulu

Dr Kenneth Henriette

Dr Mickey Noel

Dr Danny Louange

Dr Nidhi Verma

Dr Olena Kovalska

Dr Ponmudi Kandaswamy Punmudi

Rosie Bistoquet  
( Manager )

1 **Adhoc Members:** (Name/Signature

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Findings and conclusions of the Medical Board

Comments and recommendations of the DG-Hospital Services (DG-HS)

Signature:

Date:

Comments and recommendations of the Principal Secretary

Signature:

Date:

Decision of the Minister

Approved

Not approved

Manager OST informed on (date) ..... by .....