



8. Provide brief details of any surgical procedure performed for the current illness or claim event. Please include surgical complications that have occurred:

9. Were there any predisposing factors for this condition?

### PART C: CLAIM DETAILS

**1. TOTAL BENEFITS:** The patient was unable to perform **ANY** professional duties from:

**Start Date:**  /  /  **End Date:**  /  /

**NOTE** To qualify for Total benefits, your patient should not be able to perform any of the occupational duties normally associated with their above occupation, whether physical or mental tasks, including minor physical tasks such as consulting or administrative tasks such as dealing with queries.

**2. PARTIAL BENEFITS:** The patient was able to perform **SOME** professional duties from:

**Start Date:**  /  /  **End Date:**  /  /

**NOTE** To qualify for Partial benefits, your patient is able to carry out some of their normal occupational duties as above or work reduced working hours compared to normal working hours, but not all. PPS Claims will also assess this in line with the occupation and profession.

3. When did your patient resume her usual professional duties on a full- time basis?  /  /

4. If your patient has not returned to work, please indicate the expected return-to-work date:

Full time:  /  /  Part time:  /  /

### PART D: TREATING OBSTETRICIAN'S/GYNAECOLOGIST'S DETAILS

HPCSA reg no:  Practice no:

Surname:  Initials:

Telephone:

E-mail:

Address:

Signed at:  this  day of  20

Signature of obstetrician/gynaecologist: