

<b>MEDICAL AID CONFIRMATION</b>			
Date:	Contacted:	Optical Benefits:	
Member Surname:		Per Member:	
Member full names:		Per Family:	
Member Date of Birth/ID:		Test:	
Medical Aid:		Frame:	
Plan:		Lenses:	
M/aid number:		Tints & Coatings:	
M/aid discount:		Specs & Contact Lenses:	
Patient Surname:		C/L Consultation:	
Patient full names:		Contact Lenses:	
Patient date of birth/ID:		Exclusions:	

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