



NON-APPROVAL NOTICE

Approving Hospital Completes

PATIENT AND ESCORT DETAILS

Name of Patient

Name of recommended Escort

REFERRING MEDICAL PRACTITIONER DETAILS

Name

Date referral made

NON-APPROVAL DETAILS

The application has not been approved.

Reason

The mode of travel has not been approved.

Reason

An escort has not been approved.

Reason

DECLARATION

I certify that the information regarding non-approval is as per the application assessed by the Medical Superintendent or their delegate detailed on PTSS Form C1 – Approval.

Date

Signature

Name (printed)

Position

Approving hospital address

Approving hospital telephone number