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ST. MARY'S CENTRE

MBCh.B/(NATAL) MCFP(SA)
 Pr No: 0737941 CK No: 2016/178188/07

DOCTORS LETTER OF MOTIVATION FOR STEPDOWN / SUB-ACUTE

PATIENT STICKER

Kindly motivate for patient to be transferred to
 St Mary's Stepdown Facility

General _____

Blood Results _____

Imaging Studies _____

Vitals
 Pulse: _____
 GCS: _____
 TEMP: _____
 R.R: _____
 SP O2: _____

Special requests / requirements

PLEASE INDICATE - Treatment/ Therapy Required				CONFIRMATION CLARK ICD 10 CODES	
Physiotherapy		Occupational Therapy			
Speech Therapy		Dietician			
VAC / Dressing Type		Social Worker			
Colostomy		Psychologist			
Other					

Current Treatment / Medication / Chronic Medication

MEDICATION NAME	STRENGTH / DOSE	ROUTE	FREQUENCY

Referring Doctor/s

1. Family Doctor		Practice Number	
Contact Number		Email Address	
2. In Patient Doctor		Practice Number	
Contact Number		Email Address	

PLEASE ENSURE THAT COVID RESULTS. NOT LESS THAN 72 HOURS / PHIDSA FORMS AND ANY SCANS ACCOMPANY THIS LETTER

Signature: _____

Date: _____