

Re-authorisation Application

All fields mark with a * are compulsory

This process can only be used with a valid approval number from a prior approval, no older than 6 months. Re-authorisations are intended for patients that require ongoing treatment, and whose authorisations are close to expiry or recently expired. If this is not applicable to you, please complete a new Section 21 application.

SECTION 1: Patient Details

SAHPRA Section 21 Reference number (e.g S____/ __ or OS____) *

Full Name: *

Diagnosis / Indication: *

Contact Number: *

Email Address: *

SECTION 2: Doctor Details

Full name of applicant (Doctor): *

Doctor ID Number: *

Doctor Contact Number: *

Doctor Email Address: *

Registered physical address: *

HPCSA registration Number: *

Treating facility name: *

SECTION 3: Progress Report

All fields mark with a * are compulsory

Outcome of Treatment Progress Report

Therapeutic effect *

Excellent Good Satisfactory No effect Not assessed

Brief description/comments:

Adverse drug reaction (ADR) to medical cannabis *

None Mild Moderate Severe

Description of ADR including results of laboratory and/or other investigations and management

Outcome of ADR *

No ADR Resolved Ongoing Resulted in disability Other

I hereby confirm that above information is true to the best of my knowledge. *

Yes

Important Reminder

Payment of the mandatory fee of R350 to SAHPRA *

Yes

Payment reference number: *

Bank Details:

Nedbank

Account name: IntroCann

Account number: 1205023631

Branch Code: 19700500

Account Type: Cheque Account