



Applying for cover for Lymphoedema 2026

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

What you must do

- Fill in the form in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
- Ensure the form and photographs are sent to us by email at oncology@tfgmedicalaidscheme.co.za.
- Only applications received from healthcare providers will be accepted.
- You will receive a letter informing you of our decision and what to do next for approved requests. If you have any questions, you can contact us on **0860 123 077**.

1. Patient's details

Title		Initials	
Surname			
First names (as per identity document)			
ID or passport number		Membership number	
Telephone		Cellphone	
Email			

2. Lymph node status

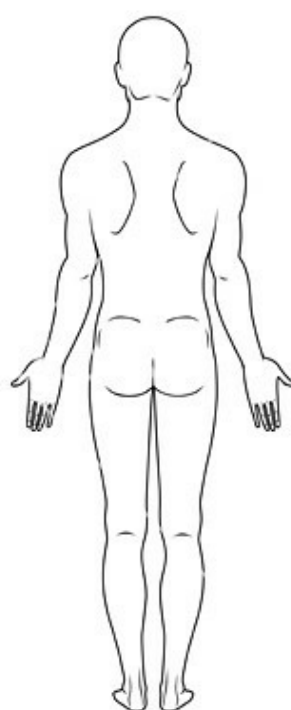
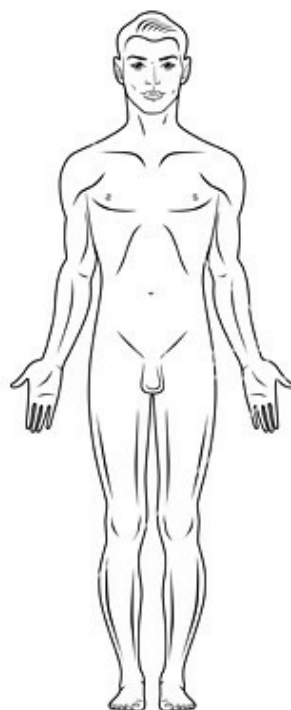
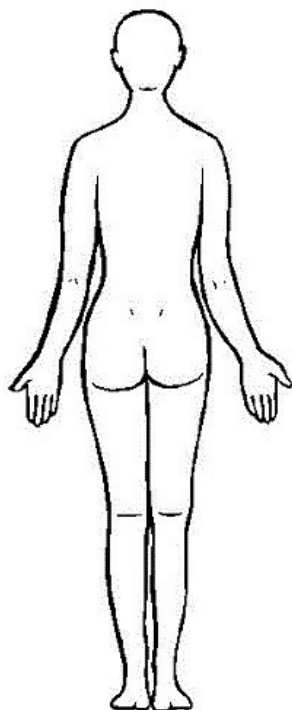
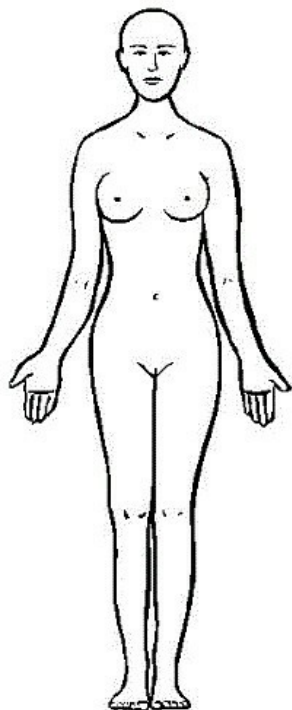
Regional node dissection	☐ Yes	☐ No	If yes, state region:	
Sentinel lymph node biopsy	☐ Yes	☐ No		
Chemotherapy	☐ Yes	☐ No	☐ Still to be decided	
If yes	☐ Adjuvant	☐ Neoadjuvant	☐ Oral	
Radiation therapy	☐ Yes	☐ No	☐ Still to be decided	☐ Still due for radiology
If yes, state area				

3. Existing medical conditions and co-morbidities

4. Any factors that may complicate, influence or affect prognosis for lymphoedema treatment

(If you need more space, please write a separate letter and attach it to this motivation.)

5. Previous lymphoedema treatment (include nature of treatment and duration)



6. Limb circumference measurements (in cm)

Upper limb:	Right	Left	Lower limb:	Right	Left
Index finger			Big toe		
Thumb			Metatarsophalangeal		
Metacarpophalangeal			Mid-foot		
Distal wrist crease			Ankle		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
Elbow			Knee		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
Total limb vol:			Total limb vol:		
Excess total limb vol (%):			Excess total limb vol (%):		

TFGACF001

7. Proposed treatment

| | | | |

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Initial consultation

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Treatment	Mean (SD)	95% CI	OR (95% CI)
Control	1.0 (0.0)	0.9-1.1	1.0
Low-dose	1.0 (0.0)	0.9-1.1	1.0
High-dose	1.0 (0.0)	0.9-1.1	1.0

Request code	Cost	Frequency	Location
R			

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Garments and bandages

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D	D	M	M	Y	Y	Y	Y
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