Application to join the Vitality Wellness Network Pharmacy Network



Contact us

Tel: 0860 44 55 66

Please fill out in CAPS and return to Provider_Administration@discovery.co.za or fax to 011 539 2784 Your Practice and Contact Details Pharmacy name Pharmacy group Nurse/pharmacist contact name Clinical practice number
Pharmacy name Pharmacy group Nurse/pharmacist contact name Clinical practice number
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Nurse/pharmacist contact name Clinical practice number
Clinical practice number
Email address
Telephone Telephone Telephone
Fax number Fax number
Pharmacy physical address
Code
Pharmacy postal address
Code
Is the clinic's practice number the same as the pharmacy's practice number? Yes \(\square\) No \(\square\)
If not, please provide the pharmacy's practice number
Details of the person doing the capturing on www.discovery.co.za (If this person is not the nurse/pharmacist above, complete the below
ID number
Name
Surname Surname
Is this person already registered as a provider on www.discovery.co.za? Yes \(\square\) No \(\square\)
If yes , what is your logon name (case sensitive)
Qualifying questions
Qualifying questions
Yes □ No □
Do you have a clinic equipped with the facilities to perform cholesterol tests, glucose tests, blood pressure and a human weight scale and a tape measure?
Is the clinic separate and private from the pharmacy itself?
Do you have internet access in the clinic?
If no, do you have internet access in the pharmacy itself?