UMHLANGA
ORTHOPAEDIC
SURGEONS

FORM 3 – OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8 | Section 22(1) / Section 54(1) of PAIA]

NOTE:
1. If your request is granted:
(a) The deposit (if any) is payable before your request is processed; and
(b) The requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number below in all future correspondence.

Reference number: _____

TO: _____
_____
_____
_____

Your request dated _____ refers.

1. You requested:
☐ Personal inspection of information at the practice (free of charge).
Please make an appointment and bring this form with you. If you require copies, fees will apply.

OR

2. You requested:
☐ Printed copies of the information
☐ Transcription of visual images
☐ Transcription of soundtrack
☐ Copy of information on flash drive
☐ Copy of record saved on cloud storage server

3. To be submitted via:
☐ Post (postal address)
☐ Post (street address)
☐ Courier
☐ Email
☐ Cloud/file transfer

Preferred language: _____ (if available)

Kindly note that your request has been:
□ Approved
□ Denied (reasons: _____)

4. Fees payable

Item	Cost per page/item	No. of pages/items	Total
Photocopy	R2.00		
Printed copy	R2.00		
Flash drive (provided by requester)	R40.00		
Compact disc (provided by requester)	R40.00		
Compact disc (provided to requester)	R60.00		
Transcription of visual images (per A4 page)	Outsourced		
Copy of visual images	Outsourced		
Transcription of audio record (per A4 page)	R24.00		
Copy of audio (flash drive, provided by requester)	R40.00		
Copy of audio (CD, provided by requester)	R40.00		
Copy of audio (CD, provided to requester)	R60.00		
Postage / electronic transfer	Actual costs		
		TOTAL	

5. Deposit payable (if search exceeds six hours)

☐ Yes ☐ No

Hours of search: _____

Deposit (1/3 of total): _____

Payment details:
Bank: Investec
Account holder: Drs RD Rajoo & ND Naidoo
Account number: 10011388882
Branch code: 580105
Reference number:#Reference Number & Patient Name

Proof of payment to be submitted to: sarah@umhlangaos.co.za

Signed at _____ this _____ day of _____ 20____

Information Officer: _____