

Dr Andre Theron 

Life Fourways Hospital

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Specialist Paediatric Surgeon
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MP: 0544302
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THEATRE INFORMATION FOR: _____

The required information needed to get pre-authorization from your medical aid:

ICD 10 code: _____

Procedure code: _____

Practice Number: **0614025**

The theatre list starts at **2 O'clock** in the afternoon ____/____/____. Please be aware that your child might not be the first child on the list as there are several factors that determine the order in which children are placed on the theatre list.

Important: Your child needs to have their last meal (formula feeds included) at **8 o'clock** in the morning after which they must have **nothing to eat**. Your child can have some **clear fluids at 12 O'clock** (apple juice, water, energade. You must be able to see through the fluid. *No tropica, mango, guava juice*. After that, they must have **nothing** per mouth. If they do, the operation will need to be postponed.

Please go to *admissions* at Life Fourways Hospital at **12 O'Clock**, where your child will be admitted to the *paediatric ward*.

The anaesthetist will then see them in the ward before they come to theatre.

Please feel free to contact me should you have any further questions:

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