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GOVERNMENT GAZETTE**

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ALGEMENE KENNISGEWINGS

KENNISGEWING 923 VAN 1983

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

KENNISGEWING INSAKE GELDETARIEF TEN OPSIGTE VAN DIENSTE GELEWER DEUR TANDTEGNIKUS KONTRAKTEURS AAN TANDARTSE

Kragtens artikel 12 (4) van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), publiseer ek, Andries David van der Merwe, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby die geldetarief in die Bylae hiervan uiteengesit, betaalbaar aan 'n tandtegnikus kontrakteur deur 'n tandarts vir werk gedoen as 'n tandtegnikus soos deur die Raad bepaal kragtens artikel 12 (1) (b) van genoemde Wet. Die Raad het kragtens artikel 12 (6) van genoemde Wet bepaal dat die genoemde geldetarief met ingang van 1 Januarie 1984 bindend is op alle tandartse wat werk stuur aan tandtegnikus kontrakteurs en op alle sodanige tandtegnikus kontrakteurs.

Kennisgewing 857 van 1982 soos gepubliseer in Staatskoerant 8458, gedateer 26 November 1982, en gewysig deur Kennisgewing 922 van 1982 soos gepubliseer in Staatskoerant 8481, gedateer 17 Desember 1982, word hiermee herroep met ingang van 1 Januarie 1984.

BYLAE

1. ALGEMENE REËLS

- 001 (a) Die geldetarief soos bepaal in hierdie Bylae is 'n vaste tarief; met dien verstande dat waar werk gedoen word vir 'n geregistreerde tandheelkundige spesialis, mag 'n tandtegnikus kontrakteur na voorafgaande onderlinge ooreenkoms tussen die betrokke partye, 'n tarief vra wat meer is as die vaste tarief in hierdie Bylae voorgeskryf welke hoër tarief egter onder geen omstandighede meer mag wees as 33½ persent van die vaste tarief nie.
- (b) Tensy anders bepaal in hierdie Bylae—
- (i) mag geen tandtegnikus kontrakteur 'n bedrag wat minder is as die tariewe soos voorgeskryf in die Bylae aan enige tandarts aanbied of toelaat of aanneem nie; en
 - (ii) mag geen tandarts enige afslag op die gelde tarief soos bepaal in hierdie Bylae, aan 'n tandtegnikus kontrakteur voorstel, toelaat of van hom aanneem nie: Met dien verstande dat die bepalings van hierdie reël nie van toepassing sal wees op enige werk, soos beskryf in hierdie Bylae, wat weens een of ander rede oorgemaak moet word nie.

GENERAL NOTICES

NOTICE 923 OF 1983

THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

NOTICE CONCERNING THE TARIFF OF FEES IN RESPECT OF WORK DONE BY DENTAL TECHNICIAN CONTRACTORS FOR DENTISTS

In terms of section 12 (4) of the Dental Technicians Act, 1979 (Act 19 of 1979), I Andries David van der Merwe, Registrar of the South African Dental Technicians Council, hereby publish the tariff of fees set out in the Schedule hereto payable to a dental technician contractor by a dentist for work done as a dental technician, which the Council has determined in terms of section 12 (1) (b) of the said Act. The Council has determined in terms of section 12 (6) of the said Act that the said tariff of fees shall be binding with effect from 1 January 1984 on all dentists who send work to dental technician contractors and on all such dental technician contractors.

Notice 857 of 1982 published in *Government Gazette* 8458, dated 26 November 1982, as amended by Notice 922 of 1982 published in *Government Gazette* 8481, dated 17 December 1982, is hereby repealed with effect from 1 January 1984.

SCHEDULE

1. GENERAL RULES

- 001 (a) The tariff of fees determined in this Schedule is a fixed tariff; provided that where work is done for a registered dental specialist, a dental technician contractor may by prior agreement between the parties concerned, charge a higher tariff than that provided for in this Schedule but which higher fee shall at no time be more than 33½ per cent above the fixed tariff.
- (b) Except where otherwise specifically provided for in this Schedule—
- (i) no dental technician contractor may offer or allow to or accept from any dentist any amount which is less than that provided for in this Schedule; and
 - (ii) no dentist may propose, offer, allow or accept any discount from any dental technician contractor on the tariff of fees provided for in this Schedule: Provided that the provision of this rule shall not be applicable to any work described in the Schedule which, for some reason or other, had to be remade.

002	In gevalle waar 'n tarief vir werk gedoen, nie gelys is in hierdie Bylae nie, sal die tarief bepaal word soos vir soortgelyke werk wat wel in die Bylae gelys is.	002	The fee for work done which is not listed in the tariff of fees shall be based on the fee in respect of a comparable service that is listed in this Schedule.	
003	(a) 'n Tandtegnikus kontrakteur voltooi in triprikaat 'n aparte faktuur in die vorm soos voorgeskryf in Aanhanga A van hierdie Bylae, ten opsigte van elke pasiënt vir alle werk wat voltooi is vir sodanige pasiënt en soos voorgeskryf deur die tandarts op die werkstroke waarna verwys word in reël 004. (b) Die oorspronklike en een duplikaat van die faktuur moet die voltooide werk vergesel wanneer sodanige werk aan die tandarts teruggestuur word. Die oorspronklike faktuur moet deur die tandarts gehou word vir 'n tydperk van minstens drie jaar terwyl die duplikaat aan die betrokke pasiënt oorhandig moet word vir indiening by sy mediese skema, indien van toepassing. (c) Elke tandtegnikus kontrakteur moet maandeliks, vir daardie betrokke maand, 'n rekeningstaat in die vorm soos voorgeskryf in Aanhanga B van hierdie Bylae, aan die tandarts stuur ten opsigte van alle werk wat gedurende daardie maand vir die betrokke tandarts voltooi is. (d) Elke rekeningstaat wat deur 'n tandtegnikus kontrakteur gelewer is moet deur die betrokke tandarts ten volle betaal word binne drie maande na die datum waarop die rekeningstaat gelewer is. (e) 'n Tandtegnikus kontrakteur moet 'n kwitansie aan 'n tandarts uitrek vir alle bedrae wat die tandarts aan hom betaal en 'n duplikaatkopie van sodanige kwitansie moet deur hom gehou word vir 'n tydperk van minstens drie jaar.	003	(a) Every dental technician contractor shall complete in triplicate a separate invoice in the form prescribed in Annexure A to this Schedule, in respect of each patient for all work completed for such patient as prescribed by a dentist on the workslip referred to in rule 004. (b) The original and one duplicate of the invoice shall accompany the completed work when such work is returned to the dentist. The original invoice shall be kept by the dentist for a period of not less than three years, while the duplicate copy shall be made available to the patient for submission to his Medical Scheme (if applicable). (c) Every dental technician contractor shall render a monthly statement, in the form prescribed in Annexure B hereto, of all the work done during the month concerned, to the dentist for whom he has performed such work. (d) Every monthly statement submitted by a dental technician contractor to a dentist in terms of (c) above shall be paid in full by the dentist not later than three months from the date of submission of such account. (e) A receipt shall be issued by the dental technician contractor to the dentist for all payments made and a duplicate copy of such receipt shall be retained by him for a period of not less than three years.	
004	(a) Elke tandarts moet 'n werkstrokie volgens die voorbeeld soos voorgeskryf in Aanhanga C van hierdie Bylae, in duplikaat voltooi vir alle werk wat hy aan 'n tandtegnikus kontrakteur stuur. (b) Die werkstrokie moet 'n volledige beskrywing bevat van die type van werk wat hy van die tandtegnikus kontrakteur verlang. (c) Die oorspronklike werkstrokie moet die werk vergesel wat die tandarts aan die tandtegnikus kontrakteur stuur. Na voltooiing van die werk moet die tandtegnikus kontrakteur die betrokke faktuurnummer ten opsigte van daardie werk op die oorspronklike werkstrokie aangebring en moet hy die werkstrokie hou vir 'n tydperk van minstens drie jaar. (d) Alle werkstroekies uitgereik deur 'n tandarts aan 'n tandtegnikus kontrakteur moet agtereenvolgens genommer word.	004	(a) Every dentist shall complete in duplicate a workslip as per specimen prescribed in Annexure C of this Schedule for all work sent by him to a dental technician contractor. (b) The workslip shall fully describe the type of work required by the dentist. (c) The original workslip shall accompany the work sent to the dental technician contractor by the dentist. After completion of the work, such original workslip shall be endorsed with the invoice number relevant to the work, by the dental technician contractor, and shall be kept by him for a period of not less than three years. (d) All workslips issued by a dentist to a dental technician contractor shall be numbered consecutively.	
005	(a) Die geldetarief soos voorgeskryf in hierdie Bylae, sluit die koste van edelmetale, onedelmetale wat gebruik word vir werk soos in Afdeling 4 van hierdie Bylae uiteengesit, ongemonteerde kunstante en alle voorafvervaardigde dele (aanhegtings, stange, klammers, skarniere en skroewe ens.) uit. Die koste van sodanige edelmetale en onedelmetale, met insluiting van 'n byvoeging van nie meer as 5 persent van die massa daarvan om voorsiening te maak vir hanteringsverlies, ongemonteerde kunstante en dele, moet as 'n aparte item op die faktuur verskyn. (b) Waar die vervaardiging van gipsmodelle en rekordblokke 'n deel uitmaak van die vervaardigingsproses van enige item omskryf in Afdelings 2 tot 5 van hierdie Bylae, sluit die voorgeskrewe tarief vir sodanige item die tarief vir die gipsmodelle en rekordblokke uit. Die tarief vir sodanige gipsmodelle en rekordblokke is soos voorgeskryf in Afdeling 1 van hierdie Bylae en is addisioneel tot die tarief van die betrokke item.	005	(a) The tariff of fees provided for in this Schedule shall exclude the price of precious metals, non-precious metals used for work done prescribed in section 4 of this Schedule, unmounted artificial teeth and all prefabricated parts (attachments, bars, clasps, hinges, screws, etc.). The cost of such precious and non-Precious metals including an allowance of not more than 5 per cent in mass for spillage, teeth and prefabricated parts shall be shown as a separate item on the invoice submitted to the dentist. (b) Where the manufacture of plaster models and occlusion blocks forms part of the manufacturing process of any item described in sections 2 to 5 of this Schedule, the prescribed tariff for such plaster models and occlusion blocks is as prescribed in section 1 of this Schedule and is addition to the tariff of the item concerned.	
006	Die geldetarief vir die montering van meervoudige presisie aanhegtings of kroon- en brugwerk op 'n beweegbare kondule artikulator of die gebruik van spesiale akriel soos Lucitone, Paladon 65 en Impact, of die gebruik van Moloplast B sagte basis materiaal, of waar die Pindexsysteem gebruik word by kroon- en brugwerk, mag vooraf skriftelik tussen 'n tandarts en 'n tandtegnikus kontrakteur bepaal word en sodanige bepalings sal dan nie geag word om teenstrydig met die bepalings van reël 001 wees nie.	006	The fee for the fitting of multiple precision attachments or crown and bridge work on a movable condyle articulator or the use of special acrylics such as Lucitone, Paladon 65 and Impact or the use of Moloplast B soft base material or where the Pindex System is used in crown and bridge work, may be subject to a prior arrangement in writing between the dentist and dental technician contractor and such arrangement shall not be deemed to contravene rule 001.	
007	Ter aanpassing van spesifieke tarief items by sekere omstandighede is dit nodig om die onderstaande wysigers op die rekening aan te bring: 8008 15 persent oorbelading op voltooiing van akrielwerk op 'n kobalt-kroom- of goud prostese. Voorbeeld: 'n Vol-kunsgebit voltooiing op 'n metaalbasis:	007	For the adjustment of tariff items to certain circumstances referred to in the tariff of fees, it is necessary to show the following modifiers on the invoice: 8008 15 per cent surcharge on acrylic work finished to a chrome cobalt or gold prosthesis. Example: A full upper prosthesis finished to a metal base will be invoiced thus:	
	Kode	R	Code	R
	9451	40,69	9451	40,69
	9301	3,92	9301	3,92
	9333	43,78	9333	43,78
	8008 (15 persent oorbelading op item 9333)....	6,57	8008 (15 per cent surcharge on item 9333)....	6,57
	Totaai.....	R94,96	Total	R94,96

2. GELDETARIEF**AFDELING 1****VOORBEREIDINGSWERK**

<i>Kode No.</i>	<i>Diens</i>	<i>R</i>
9301	Giet van model in gips, per model	1,96
9303	Giet van model in ekstra harde steengips, per model	2,74
9305	Giet en afwerk van studiemodel, per model	5,08
9307	Giet en afwerk van gnatostatiese studiemodel, per model	6,26
9309	Nuwe afgewerkte basis vir model verskaf, per model	2,35
9311	Afwerk van model verskaf, per model	1,57
9313	Duplisinger van model, per model	5,47
9315	Modelle en duplikaat modelle vir kroon- en brugwerk insluitende een verwijderbare stempel	7,04
9317	Seksionale model vir kroon- en brugwerk insluitende een verwijderbare stempel	6,26
9319	Bykomende stempels vir items 9315 en 9317, per stempel	1,96
9321	Rekordblok, per blok	6,65
9323	Rekordblok op basisplaat, per blok	7,43
9325	Bykomende model van dieselfde afdruk, per model	1,96

AFDELING 2**PROSTETIESE DIENSTE—AKRIEL**

Nota: Die tariewe in hierdie Afdeling sluit die tarief vir modelle en rekordblokke uit.

A. Volle kunsgebitte

9331	Volle bo- en onderkunsgebit	71,92
9333	Volle bo- of onderkunsgebit	43,78
9335	Monteer en opwas van volle bo- en onderkunsgebit	29,32
9337	Monteer en opwas van volle bo- of onderkunsgebit	19,94
9339	Opwas en voltooiing van volle bo- en onderkunsgebit	38,70
9341	Opwas en voltooiing van volle bo- en onderkunsgebit	22,67
9343	Bykomende gelde vir kunsgebit op 'n verstelbare artikulator op versoek van tandarts	89,50
9345	Bykomende gelde vir onmiddellike kunsgebit, per tand gesok	1,18
9346	Bykomende gelde vir onmiddellike kunsgebit, per tand nie gesok	0,60
9347	Bykomende gelde vir elke herinpassing vanaf die derde en verdere herinpassings bereken volgens 'n voorafbepaalde werkstyd teen 'n tarief per uur van	23,45

B. Gedeeltelike kunsgebitte

9351	Monteer en voltooiing van kunsgebit met een tand	19,54
9352	Monteer en voltooiing van kunsgebit met twee tande	21,11
9353	Monteer en voltooiing van kunsgebit met drie tande	23,06
9354	Monteer en voltooiing van kunsgebit met vier tande	24,63
9355	Monteer en voltooiing van kunsgebit met vyf tande	26,97
9356	Monteer en voltooiing van kunsgebit met ses tande	33,22
9357	Monteer en voltooiing van kunsgebit met sewe tande	35,57
9358	Monteer en voltooiing van kunsgebit met agt tande	38,30
9359	Monteer en voltooiing van kunsgebit met nege tande	39,48
9360	Monteer en voltooiing van kunsgebit met tien of meer tande	43,78
9361	Montering en opwas alleen van kunsgebit met een tand	6,65
9362	Montering en opwas alleen van kunsgebit met twee tande	8,21
9363	Montering en opwas alleen van kunsgebit met drie tande	9,38
9364	Montering en opwas alleen van kunsgebit met vier tande	10,95
9365	Montering en opwas alleen van kunsgebit met vyf tande	12,12
9366	Montering en opwas alleen van kunsgebit met ses tande	14,46
9367	Montering en opwas alleen van kunsgebit met sewe tande	15,64
9368	Montering en opwas alleen van kunsgebit met agt tande	16,81
9369	Montering en opwas alleen van kunsgebit met nege tande	17,98
9371	Opwas en voltooiing alleen van kunsgebit met een tand	14,46
9372	Opwas en voltooiing alleen van kunsgebit met twee tande	14,85
9373	Opwas en voltooiing alleen van kunsgebit met drie tande	15,25
9374	Opwas en voltooiing alleen van kunsgebit met vier tande	15,64
9375	Opwas en voltooiing alleen van kunsgebit met vyf tande	16,42
9376	Opwas en voltooiing alleen van kunsgebit met ses tande	17,20
9377	Opwas en voltooiing alleen van kunsgebit met sewe tande	17,98
9378	Opwas en voltooiing alleen van kunsgebit met agt tande	19,15
9379	Opwas en voltooiing alleen van kunsgebit met nege tande	20,72
9380	Opwas en voltooiing alleen van kunsgebit met tien of meer tande	22,28
9381	Bykomende gelde vir onmiddellike gebit, per tand gesok	1,18
9382	Bykomende gelde vir onmiddellike gebit, per tand nie gesok	0,60
9383	Bykomende gelde vir voltooiing in tandkleur of brugmateriaal	3,13
9385	Bykomende gelde vir verskaffing van voltooide kunsgebit op duplikaat model	7,43

C. Reparasies

9391	Basiese koste insluitende reparasie van een fraktuur of byvoeging van een tand of een klammer	10,56
9393	Bykomende gelde vir elke addisionele fraktuur, tand of klammer	3,52
9395	Bykomende gelde vir gebruik van draadversterker	3,91
9396	Bykomende gelde vir gebruik van klein gaasversterker vir 'n kunsgebit met een tand	4,30
9397	Bykomende gelde vir gebruik van voorafvervaaardigde versterker (koste van versterker uitgesluit)	3,52
9398	Bykomende gelde vir gebruik van 'n volle palatale gaasversterker	7,04
9399	Bykomende gelde vir gebruik van enige ander gaasversterker, nie onder 9396 en 9398 genoem nie	5,47

D. Addisionele dienste

Kode No.	Dienst	R
9401	Deurskynende verhemelte	5,87
9403	"Dox" inslyping van bo- en onderkunsgebit	8,60
9405	Inlegsel in kunstand, een oppervlakte, per inlegsel (uitsluitend koste van goud)	11,73
9406	Inlegsel in kunstand, multi-oppervlaktes bv. perdeskoen of L-inlegsel (uitsluitend koste van goud), per inlegsel	16,03
9407	Hela-basistegniek, per bo- of onderkunsgebit	19,15
9409	Frego raam (uitsluitend koste van materiaal)	7,43
9411	Gidsplaat per bo- of onderkunsgebit	14,85
9413	Herbassering van enkele kunsgebit	26,19
9415	Hermodellering van enkele kunsgebit	42,99
9417	Sagtebasis herbassering van enkele kunsgebit uitsluitend koste van sagtebasis materiaal	48,86
9491	Sagtebasis vir nuwe kunsgebit, per kunsgebit uitsluitend koste van sagtebasis materiaal	42,41
9421	Tandvleis kleuring, per kunsgebit	12,51
9423	Linguale- of palatalestang (uitsluitend koste van materiaal)	9,38
9425	Skoonmaak en polering van ou bo- en onderkunsgebit	8,99
9427	Gaasversterker (uitsluitend koste van materiaal)	7,04
9431	Spesiale afdruklepel van akriel, elk	7,04
9433	Spesiale afdruklepel van basisplaat materiaal, elk	6,65
9435	Voorsiening van eenarmklammer in gedeeltelike kunsgebit	3,52
9437	Voorsiening van tweearmklammer in gedeeltelike kunsgebit	6,26
9439	Voorsiening van eenarmklammer met okklusale rus in gedeeltelike kunsgebit	7,82
9441	Voorsiening van tweearmklammer met okklusale rus in gedeeltelike kunsgebit	10,56
9443	Voorsiening van voorafvervaardigde klammer of Roachklammer in gedeeltelike kunsgebit (uitsluitend koste van klammer)	4,69
9445	Voorsiening van slegs 'n okklusale rus in gedeeltelike kunsgebit	4,69
9447	Voorsiening van gegote klammer in 'n gedeeltelike kunsgebit	14,46
9448	Model vir afdruk binne rekord blok of was-inpassing	3,13

AFDELING 3**PROSTESE IN KOBALT-KROOM EN GOUD**

Nota: Die tariewe in hierdie afdeling sluit die tariewe vir modelle uit.

A. Volle metaalkunsgebit

9451	Metaalbasis vir vol bo- of onderkunsgebit, elk	40,69
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B. Gedeeltelike metaalkunsgebit

9453	Basiese koste uitsluitend modelle en spesiale afdruklepels (sien items 9431/3) soos deur die tandarts vereis	43,12
9455	Bykomende gelde vir elke eenarmklammer	2,06
9457	Bykomende gelde vir elke Roach klammer	3,70
9459	Bykomende gelde vir elke okklusale rus	2,06
9461	Bykomende gelde vir aaneenlopende klammer, per tand	2,06
9463	Bykomende gelde vir linguale stang, vir elke tand gepasseer	3,70
9465	Bykomende gelde vir palatale stang	6,99
9467	Bykomende gelde vir 'n oplegsel	23,02
9469	Bykomende gelde vir 'n saalvlak met afwerkingslyn, per tand	3,70
9471	Bykomende gelde vir 'n saalvlak sonder afwerkingslyn, per tand	2,06
9473	Bykomende gelde vir 'n perdeskoen saalvlak, per tand	3,70
9475	Bykomende gelde vir montering van tand vir metaal rugstuk, per tand	2,47
9477	Bykomende gelde vir goudplatering, per kunsgebit (inclusief 'n heffing van R5,50 vir goud)	18,24
9479	Bykomende gelde vir montering van een distaleskarnier, uitsluitend koste van skarnier	7,81
9481	Bykomende gelde vir elke soldeerlas	6,17
9483	Bykomende gelde vir soldering van retensie	8,22
9485	Bykomende gelde vir soldering van elke addisionele retensie	2,06
9487	Bykomende gelde vir elke sveislas	9,46
9489	Bykomende gelde vir plasing van swaaislot, insluitend koste van materiaal—tarief word bepaal deur onderlinge ooreenkoms tussen tandarts en tandtegnikus	5,35
9491	Bykomende gelde vir elke gegote rugstuk	6,17
9493	Bykomende gelde vir elke "Steele's rugstuk of gegote foptand (Werk in akriel in 'n bykomende koste)	12,74

C. Kobalt-kroom reparasies

9495	Basiese koste vir die reparasie van of byvoeging tot 'n toestel wat die giet van 'n model vereis	10,69
9497	Basiese koste indien 'n nuwe deel vervaardig moet word en waar item 9495 nie van toepassing is nie	12,74

AFDELING 4

Nota: Die tariewe in hierdie afdeling sluit die tariewe vir modelle uit.

KROON- EN BRUGPROSTESE**A. Porselein (keramiek) dienste**

9501	Vakuum verhitte porselein dopkroon	54,95
9503	Porselein-fineer kroon of foptand—edelmetaal	63,13
9504	Een-stuk gietsel van edelmetaal porselein kroon op stif (uitsluitend metaal)	70,14
9505	Porselein-fineer kroon of foptand—onbedelmetaal	67,03
9506	Een-stuk gietsel van onedelmetaal porselein kroon op stif (uitsluitend metaal)	71,31
9507	Bykomende gelde vir elke soldeerlas	13,64
9509	Ekstra kroon vervaardig op dieselfde model en terselfde tyd as die oorspronklike kroon	53,39
9511	Inlegsel in porselein fineer kroon	23,38

B. Goud en akriel fineer dienste*Diens*

<i>Kode No.</i>		<i>R</i>
9521	Volle metaaldopkroon.....	33,32
9523	MOD inlegsel of oplegsel.....	32,15
9525	Klas IV, MO of DO inlegsel, indirekte metode.....	27,77
9526	Bykomende gelde vir een-stuk gietsel van kroon of inlegsel op stif.....	9,06
9527	Servikale of okklusale inlegsel.....	23,68
9529	Driekwart kroon.....	32,15
9531	Penlegsel.....	31,86
9533	Sanitäre foftand.....	23,68
9535	Gegote vingerhoed.....	21,92
9537	Gegote slotaanhegting, insluitend voorafvervaardigde parte.....	33,61
9538	Gegote slot en okklusale rus.....	14,62
9539	Giet van slegs okklusale rus.....	7,60
9541	Goue inlegsel of stif, direk gegiet.....	8,18
9543	Goue soldeerlas waar inbed vereis word, vir eerste las.....	9,06
9544	Goue soldeerlas waar inbed vereis word, per addisionele las.....	4,39
9545	Gegote goue kernstif, indirek gegiet.....	15,50
9546	Tweeledige kernstif.....	27,58
9547	Foftand of kern.....	21,05
9549	K.S.P. aanhegsel (Steiger) (Verwys reël 008).....	80,66
9551	Teleskopiese kroon.....	55,82
9553	Akriel fineer kroon, indirek.....	45,59
9555	Akriel fineer foftand.....	43,25
9557	Akriel dopkroon, indirek.....	30,69
9559	Akriel fineer stiftkroon.....	45,00
9561	Akriel dopkroon, direk.....	23,09
9563	Tydelike akrielkroon, koud gekuur, per tand of foftand.....	14,62
9565	Akriel gesigstuk vervang, elke.....	19,00
9566	Porselein gesigstuk vervang, elk.....	33,03
9567	Drieledige kernstif.....	33,32
9569	Opwas van kroon vir bestaande kunsgebit.....	14,33
9570	Bykomende gelde vir elke werkstuk wat oorgemaak word en wat bereken word teen 'n voorafbepaalde tyd en 'n tarief per uur van	23,38

AFDELING 5

Nota: Die tariewe in hierdie afdeling sluit die tarief vir modelle uit.

A. Ortodontiese dienste

9571	Basiese koste wat akriel basis insluit en modelle uitsluit	25,55
9573	Bykomende gelde vir montering van eerste stelskroef (uitsluitend koste van skroef)	4,95
9575	Bykomende gelde vir montering van daaropvolgende stelskroewe (uitsluitend koste van skroef)	4,12
9577	Bykomende gelde vir bytplaat	4,95
9579	Bykomende gelde vir montering van tongskerm	5,77
9581	Bykomende gelde vir plat- of skuinsvlak	3,30
9583	Bykomende gelde vir Adamsklammer	4,12
9585	Bykomende gelde vir Jacksonklammer	4,12
9587	Bykomende gelde vir balkklammer (uitsluitende koste van voorafvervaardigde klammer)	4,95
9589	Bykomende gelde vir eenarmklammer	3,71
9591	Bykomende gelde vir tweearmklammer	6,60

Vere

9593	Bykomende gelde vir montering van enkel-lus vinger veer	2,89
9595	Bykomende gelde vir montering van dubbel-lus vingerveer	3,30
9597	Bykomende gelde vir montering van bukkale retraksie veer	2,48
9599	Bykomende gelde vir montering van voorskootveer	7,42
9601	Bykomende gelde vir montering van veel-lus veer	7,42
9603	Bykomende gelde vir montering van "coffin" veer	7,01
9605	Bykomende gelde vir montering van "heliese" of "Bazooka" veer	7,42
9607	Bykomende gelde vir montering van flap- of T-veer	5,77
9609	Bykomende gelde vir montering van alle vere met 'n buis, elk	3,30

Boë

9611	Bykomende gelde vir montering van labiale boog	2,89
9613	Bykomende gelde vir montering van bukkale boog	3,71
9615	Bykomende gelde vir montering van Roberts rektaktor	7,83
9617	Bykomende gelde vir montering van "Angleman"-boog	8,24
9619	Bykomende gelde vir montering van tweeling boog	9,48
9621	Bykomende gelde vir montering van buite-mondse boog	9,48

Sweis en soldering

9623	Bykomende gelde vir elke punt-gesweisse las	2,06
9625	Bykomende gelde vir elke solderingslas	2,48
9627	Bykomende gelde vir elke inbed soldeerlas	6,60
9629	Bykomende gelde vir elke hakie vir elastiese traksie	2,48

B. Mondbeskermers en mio-funksionele toestelle

Nota: Die gelde in hierdie onder-afdeling kan gewysig word deur oooreenkoms tussen die tandarts en tandtegnikus kontrakteur.

9631	Mondbeskermer	19,78
9633	Mondskerm	23,90
9635	Andresen of Noorweegse toestel	41,20
9637	Tandposisioneerder	50,27
9639	Gunning spalk (uitsluitend koste van materiaal)	64,28
9641	Frankel toestel	63,45
9643	Kenkap	20,60
9645	Bionator	42,44
9646	Diagnostiese montering	41,20

C. Vaste toestelle*Diens**R*

Kode No.			
9651	Knyp- of uitgehamerde band met gesweeide aanhegting (uitsluitend koste van aanhegting)	11,54	
9653	Knyp- of uitgehamerde band met gesoldeerde aanhegting (uitsluitend koste van aanhegting)	15,66	

D. Bykomende dienste

9662	Bykomende gelde vir elke werkstuk wat oorgemaak word en wat bereken word teen 'n voorafbepaalde tyd en 'n tarief per uur van	24,72
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AANHANGSEL A

Naam en adres van tandtegnikus kontrakteur

Telefoon No. Datum van uitreiking

Faktuur No.

Naam en adres van tandarts

Naam van pasiënt

Nommer van werkstrokie

Kode No.	Beskrywing van voltooide werk	Bedrag	
		R	c
.....
.....
.....
.....
Subtaal			
Tel by koste van materiaal			
.....
Tel by Algemene Verkoopsbelasting			
Totaal			

AANHANGSEL B

Naam en adres van tandarts

Naam en adres van tandtegnikus kontrakteur

Telefoon No. Datum van uitreiking

STAAT VAN FAKTURE GELEWER GEDURENDE DIE MAAND..... 19.....

Faktuur No.	Datum	Naam van pasiënt of No. van werkstrokie	Totaal van faktuur	
			R	c
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
Totale bedrag verskuldig

AANHANGSEL C

Werkstrokie No.

Naam en adres van tandtegnikus kontrakteur

Naam en adres van tandarts

Naam van pasiënt

Datum

Beskrywing van werk verlang:

1. Akriel kunsgebitte:

F/F	F/- of -F	Gedeeltelik	Herbasseer	Hermodelleer	Reparasie	Modelle
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2. Orthodontiese toestelle:

Modelle	Reparasie					
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3. Kroon en brugwerk:

Kroon	Brug	Akrielfineer	Porselein fineer	Inlegsels	Foptand	Reparasie
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4. Metaal kunsgebitte:

Volle kunsgebit	Gedeeltelike kunsgebit	Kroonkobalt	Goud	Reparasie
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5. Ander (Moet volledig hieronder uiteengesit word):

Volledige beschrywing van werk moet uiteengesit word:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Kleur.....

Vorm.....

Instruksies.....

Handtekening van tandarts

2. TARIFF OF FEES**SECTION 1****PREPARATORY WORK**

Code No.	Service	R
9301	Casting of model in plaster, per model	1,96
9303	Casting of model in superhard stone, per model	2,74
9305	Casting and trimming of study model, per model	5,08
9307	Casting and trimming of gnathostatic study model, per model	6,26
9309	New trimmed base to supplied model, per model	2,35
9311	Trimming of supplied model, per model	1,57
9313	Duplicating model, per model	5,47
9315	Models and duplicate models for crown and bridge work inclusive of one removable die	7,04
9317	Sectional models for crown and bridge work inclusive of one removable die	6,26
9319	Each additional die for items 9315 and 9317, per die	1,96
9321	Occlusion block, per block	6,65
9323	Occlusion block on baseplate, per block	7,43
9325	Additional model from same impression, per model	1,96

SECTION 2**PROSTHETIC SERVICES USING ACRYLIC**

Note: The tariff under this Section excludes the tariff for models and occlusion blocks.

A. Edentulous cases

9331	Full upper and lower dentures	71,92
9333	Full upper or lower denture	43,78
9335	Set up and waxing of full upper and lower dentures	29,32
9337	Set up and waxing of full upper or lower denture	19,94
9339	Waxing and finishing of full upper and lower dentures	38,70
9341	Waxing and finishing of full upper or lower denture	22,67
9343	Additional fee for dentures on adjustable articulator at request of dentist	89,50
9345	Additional fee for immediate dentures, per tooth socketed	1,18
9346	Additional fee for immediate dentures, per tooth not socketed	0,60
9347	Additional fee for each retry from the third retry and upwards at an agreed quantum of time to be calculated at hourly rate of	23,45

B. Partial dentures

9351	Set-up and finish one-tooth denture	19,54
9352	Set-up and finish two-tooth denture	21,11
9353	Set-up and finish three-tooth denture	23,06
9354	Set-up and finish four-tooth denture	24,63
9355	Set-up and finish five-tooth denture	26,97
9356	Set-up and finish six-tooth denture	33,22
9357	Set-up and finish seven-tooth denture	35,57
9358	Set-up and finish eight-tooth denture	38,30
9359	Set-up and finish nine-tooth denture	39,48
9360	Set-up and finish ten or more tooth denture	43,78
9361	Set-up and waxing of one-tooth denture	6,65
9362	Set-up and waxing of two-tooth denture	8,21
9363	Set-up and waxing of three-tooth denture	9,38
9364	Set-up and waxing of four-tooth denture	10,95
9365	Set-up and waxing of five-tooth denture	12,12
9366	Set-up and waxing of six-tooth denture	14,46
9367	Set-up and waxing of seven-tooth denture	15,64
9368	Set-up and waxing of eight-tooth denture	16,81

Code No.	Service	R
9369	Set-up and waxing of nine-tooth denture	17,98
9371	Waxing and finishing of one-tooth denture	14,46
9372	Waxing and finishing of two-tooth denture	14,85
9373	Waxing and finishing of three-tooth denture	15,25
9374	Waxing and finishing of four-tooth denture	15,64
9375	Waxing and finishing of five-tooth denture	16,42
9376	Waxing and finishing of six-tooth denture	17,20
9377	Waxing and finishing of seven-tooth denture	17,98
9378	Waxing and finishing of eight-tooth denture	19,15
9379	Waxing and finishing of nine-tooth denture	20,72
9380	Waxing and finishing of ten (or more) tooth denture	22,28
9381	Additional fee for immediate denture, per tooth socketed	1,18
9382	Additional fee for immediate denture per tooth not socketed	0,60
9383	Additional fee for finishing off in tooth colour or bridge material	3,13
9385	Additional fee for supplying finished denture on duplicate model	7,43

C. Repair service

9391	Basic charge which includes repair of one fracture or addition of one tooth or addition of one clasp	10,56
9393	Additional charge for each additional fracture, or tooth or clasp	3,52
9395	Additional fee for using wire strengthener	3,91
9396	Additional fee for using small mesh strengthener for one-tooth denture	4,30
9397	Additional fee for using pre-formed strengthener (excluding cost of strengthener)	3,52
9398	Additional fee for using full palatal mesh strengthener	7,04
9399	Additional fee for using any other mesh strengthener not mentioned in 9396 and 9398	5,47

D. Additional services

9401	Clear palate	5,87
9403	Dox grinding of upper and lower dentures	8,60
9405	Inlay to artificial tooth, one surface only, per inlay (excluding cost of gold)	11,73
9406	Inlay to artificial tooth, multi-surfaces e.g. horseshoe or L-Type inlay, per inlay (excluding cost of gold)	16,03
9407	Heka base technique per upper or lower denture	19,15
9409	Frego frame (excluding cost of material)	7,43
9411	Template per upper or lower denture	14,85
9413	Reline of single denture	26,19
9415	Remodel of single denture	42,99
9417	Soft base reline per denture excluding soft base material	48,86
9419	Soft base to new denture, per denture excluding soft base material	42,21
9421	Gum tinting per denture	12,51
9423	Lingual or palatal bar (excluding cost of material)	9,38
9425	Cleaning and repolishing of old upper and lower denture	8,99
9427	Mesh strengthener (excluding cost of material)	7,04
9431	Special Tray, acrylic, each	7,04
9433	Special Tray in base plate material, each	6,65
9435	Provision of single arm clasp to partial denture	3,52
9437	Provision of double arm clasp, to partial denture	6,26
9439	Provision of single arm clasp with rest, to partial denture	7,82
9441	Provision of double arm clasp with rest, to partial denture	10,56
9443	Provision of preformed clasps or Roachball clasp, to partial denture (excluding cost of clasp)	4,69
9445	Provision of rest only to partial denture	4,69
9447	Provision of cast clasp to partial denture	14,46
9448	Model for impression inside occlusion block or wax try-in	3,13

SECTION 3**COBALT CHROME/GOLD PROSTHETIC SERVICES**

(The tariffs under this section excludes the tariff for models)

A. Full metal dentures

9451	Metal base for full upper or full lower denture each	40,69
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B. Partial metal dentures

9453	Basic charge which excludes models and any special trays (see item 9431/3) which the dentist may require	34,12
9455	Addition charge for each one arm clasp	2,06
9457	Additional charge for each Roach clasp	3,70
9459	Additional charge for each rest	2,06
9461	Additional charge for continuous clasp, per tooth	2,06
9463	Additional charge for lingual bar, per tooth passed	3,70
9465	Additional charge for palatal bar	6,99
9467	Additional charge for onlay	23,02
9469	Additional charge for saddle with finishing line, per tooth	3,70
9471	Additional charge for saddle without finishing line, per tooth	2,06
9473	Additional charge for horseshoe saddle, per tooth	3,70
9475	Additional charge for fitting of tooth for metal backing, per tooth	2,47
9477	Additional charge for goldplating, per denture (includes a surcharge of R5,50 for gold)	18,24
9479	Additional charge for fitting one distal-extension hinge, excluding cost of hinge	7,81
9481	Additional charge for each soldering joint	6,17
9483	Additional charge for soldering retention	8,22
9485	Additional charge for each additional retention soldering joint	2,06
9487	Additional charge for each welding joint	9,46
9489	Additional charge for fitting swing lock, inclusive of cost of material—fee to be determined by arrangement between dentist and dental technician	5,35
9491	Additional charge for each backing cast	6,17
9493	Additional charge for each Steel's backing or pontic cast (Plastic work to be charge in addition)	6,17

C. Chrome cobalt repairs

9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model	10,69
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply	12,74

SECTION 4**CROWN AND BRIDGE PROSTHETIC SERVICES**

(The tariffs under this section excludes the tariff for models)

A. Porcelain (ceramic) services

<i>Code No.</i>	<i>Service</i>	<i>R</i>
9501	Vacuum fired porcelain jacket crown	54,95
9503	Porcelain veneer crown or pontic—precious metal.....	63,13
9504	One piece casting of precious metal porcelain crown on post (excluding metal).....	70,14
9505	Porcelain veneer crown or pontic—non-precious metal	67,03
9506	One piece casting of non-precious metal porcelain crown on post (excluding metal).....	71,31
9507	Additional charge for each soldering joint	13,64
9509	Spare crown made on same model at same time as original	53,39
9511	Inlay in porcelain veneer crown.....	23,38

B. Gold and acrylic veneer services

9521	Full gold crown.....	33,32
9523	MOD inlay or onlay	32,15
9525	Class IV, MO or DO cast indirect	27,77
9526	Additional fee for one piece casting of crown or inlay on post.....	9,06
9527	Cervical or occlusal inlay	23,68
9529	Three-quarter crown	32,15
9531	Pin-ledge inlay	31,86
9533	Occlusal surface pontic.....	23,68
9535	Coping cast	21,92
9537	Precision lock and rest cast, incorporating pre-formed parts.....	33,61
9538	Lock and rest cast	14,62
9539	Casting of rest only	7,60
9541	Gold inlay or post, cast direct	8,18
9543	Gold soldering joint, where investing is required, per first joint	9,06
9544	Gold soldering joint, where investing is required, per additional joint	4,39
9545	Gold post with thimble, cast indirect	15,50
9546	Binary Post.....	27,58
9547	Pontic or abutment thimble	21,05
9549	C.S.P. attachment (Steiger) (Refer rule 008)	80,66
9551	Telescope crown	55,82
9553	Acrylic veneer crown, indirect	45,59
9555	Acrylic veneer pontic	43,25
9557	Acrylic jacket crown, indirect.....	30,69
9559	Acrylic veneer post crown	45,00
9561	Acrylic jacket crown, direct	23,09
9563	Temporary acrylic crown, cold cured, per tooth or pontic	14,62
9565	Acrylic-facing replaced	19,00
9566	Porcelain facing replaced	33,03
9567	Triple post.....	33,32
9569	Waxing of crown to existing denture	14,33
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	23,38

SECTION 5

(The tariff under this section excludes the tariff for models)

A. Orthodontic services

9571	Basic charge which includes acrylic base and excludes models	25,55
9573	Additional charge for fitting first expansion screw (excluding cost of screw)	4,95
9575	Additional fee for fitting subsequent expansion screws (excluding cost of screw).....	4,12
9577	Additional fee for bite plate.....	4,95
9579	Additional fee for fitting tongue guard	5,77
9581	Additional fee for flat or inclined plane	3,30
9583	Additional fee for Adams Crib	4,12
9585	Additional fee for Jackson Crib	4,12
9587	Additional fee for ball clasp (excluding cost of preformed clasp)	4,95
9589	Additional fee for single arm clasp	3,71
9591	Additional fee for double arm clasp	6,60

Springs

9593	Additional fee for fitting single loop finger spring	2,89
9595	Additional fee for fitting double loop finger spring	3,30
9597	Additional fee for fitting buccal retraction spring	2,48
9599	Additional fee for fitting apron spring	7,42
9601	Additional fee for fitting multi-loopspring	7,42
9603	Additional fee for fitting coffin spring	7,01
9605	Additional fee for fitting helicor or bazooka spring	7,42
9607	Additional fee for fitting flapper or "T" spring	5,77
9609	Additional fee for fitting all springs with tubing, each	3,30

Arches

9611	Additional fee for fitting labial arch	2,89
9613	Additional fee for fitting buccal arch	3,71
9615	Additional fee for fitting Roberts retractor	7,83
9617	Additional fee for fitting Angleman arch	8,24
9619	Additional fee for fitting twinwire arch	9,48
9621	Additional fee for fitting extra-oral arch	9,48

Welding and soldering

9623	Additional fee for each spot-welded joint.....	2,06
9625	Additional fee for each soldering joint	2,48
9627	Additional fee for each invested soldering joint	6,60
9629	Additional fee for each hook for elastic traction	2,48

B. Mouth protectors and myo functional appliances

(The tariffs under this section may be amended by agreement between dentist and dental technician contractor)

<i>Code No.</i>	<i>Service</i>	<i>R</i>
9631	Mouth protector	19,78
9633	Oral screen	23,90
9635	Andresen or Norwegian appliance	41,20
9637	Tooth positioner	50,27
9639	Gumning splint (excluding cost of material)	64,28
9641	Frankel appliance	63,45
9643	Chin cap	20,60
9645	Bionator	42,44
9646	Diagnostic set-up	41,20

C. Fixed appliances

9651	Pinched or swaged band with welded attachment (excluding cost of attachment)	11,54
9653	Pinched or swaged band with soldered attachment (excluding cost of attachment)	15,66

D. Additional services

9662	Additional fee for each remake at an agreed quantum of time to be calculated at the hourly rate of	24,72
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ANNEXURE A

Name and address of dental technician contractor.....
 Telephone No..... Date of issue.....
 No. of invoice.....
 Name and address of dentist.....
 Name of patient

<i>Code No.</i>	<i>Description of work completed</i>	<i>Amount</i>	
		<i>R</i>	<i>c</i>
.....
.....
.....

Subtotal.....

Add cost of materials.....

Add General Sales Tax.....

Total

ANNEXURE B

Name and address of dentist.....
 Name and address of dental technician contractor.....
 Telephone No..... Date of issue.....

STATEMENT OF ACCOUNTS RENDERED DURING THE MONTH OF..... 19.....

<i>Invoice No.</i>	<i>Date</i>	<i>Name of patient or workslip No.</i>	<i>Total of invoice</i>	
			<i>R</i>	<i>c</i>
.....
.....
.....
.....
.....
.....
Total amount due.....		

ANNEXURE C

Workslip No.

Name and address of dental technician contractor.....
 Name and address of dentist.....
 Name of patient

Date.....

Description of work required:

1. Acrylic denture work:

F/F	F/- or -F	Partial	Reline	Rebase	Repair	Models
-----	-----------	---------	--------	--------	--------	--------

2. Orthodontics:

Models	Repair					
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3. Crown and bridge work:

Crown	Bridge	Acrylic veneer	Porcelain veneer	Inlays	Pontics	
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4. Metal denture work:

Full denture	Skeleton	Chrome cobalt	Gold	Repairs
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5. Other (To be described fully below):

Full description of work to be set out here:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Shade

Mould.....

Instructions

Signature of dentist

KENNISGEWING 924 VAN 1983**DEPARTEMENT VAN GESONDHEID EN WELSYN****DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI**

KENNISGEWING INSAKE DIENSVORWAARDES VAN TANDTEGNICI WAT WERKNEMERS IS.—DIE INSTELLING VAN 'N MEDIESE SKEMA VIR TANDTEGNIKUS WERKNEMERS

Kragtens artikel 12 (4) van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), publiseer ek, Andries David van der Merwe, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby die diensvoorwaardes in die Bylae hiervan uiteengesit, van tandtegnici wat werknemers is. Die Raad het kragtens artikel 12 (6) van genoemde Wet bepaal dat genoemde diensvoorwaardes met ingang van 1 Januarie 1984 bindend is op alle persone wat 'n tandtegnikus in diens het in die beroep van 'n tandtegnikus en op elke tandtegnikus wat aldus in diens is: Met dien verstande dat hierdie bepaling nie van toepassing is nie op tandtegnici wat in diens is van die Staat of 'n provinsiale administrasie.

BYLAE**1. WOORDOMSKRYWINGS**

Alle uitdrukings wat in hierdie Bylae gebesig en in die Wet op Tandtegnici, 1979 (Wet 19 van 1979), omskryf word, het dieselfde betekenis as in genoemde Wet, en tensy die teenoorgestelde bedoeling blyk, sluit woorde wat die manlike geslag aandui, ook vroue in; voorts tensy onbestaanbaar met die samehang, beteken—

“aanvangsdatum” die 1ste dag van Januarie 1984;

“Raad” die Suid-Afrikaanse Raad vir Tandtegnici, ingestel kragtens Die Wet op Tandtegnici, 1979 (Wet 19 van 1979);

“lid” 'n tandtegnikus wat ingevolge klousule 3 van hierdie bepaling as werknemer tot die skema toegelaat is;

“skema” die mediese skema in klousule 2 van hierdie bepaling bedoel;

“tandtegnikus” enigiemand wat ingevolge die Wet op Tandtegnici, 1979, as sodanig geregistreer is of geag word geregistreer te wees.

NOTICE 924 OF 1983**DEPARTMENT OF HEALTH AND WELFARE****THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL**

NOTICE CONCERNING THE CONDITIONS OF EMPLOYMENT OF DENTAL TECHNICIANS WHO ARE EMPLOYEES.—ESTABLISHMENT OF A MEDICAL SCHEME FOR DENTAL TECHNICIAN EMPLOYEES

In terms of section 12 (4) of the Dental Technicians Act, 1979 (Act 19 of 1979), I, Andries David van der Merwe, Registrar of the South African Dental Technicians Council, hereby publish the conditions of employment set out in the Schedule hereto, of dental technicians who are employees. The Council has determined in terms of section 12 (6) of the said Act, that the said conditions of employment shall be binding with effect from 1 January 1984 on every person who employs a dental technician in the profession of a dental technician and upon every dental technician so employed: Provided that this determination shall not be applicable to dental technicians who are in the employment of the State and a provincial administration.

SCHEDULE**1. DEFINITIONS**

Any terms used in this Schedule which are defined in the Dental Technicians Act, 1979 (Act 19 of 1979), shall have the same meaning as in the Act, and unless the contrary intention appears, words importing the masculine gender shall include females; further unless inconsistent with the context—

“commencement date” means the 1st January 1984;

“Council” means the South African Dental Technicians Council established in terms of the Dental Technicians Act, 1979 (Act 19 of 1979);

“dental technician” means any person registered or deemed to be registered as such under the Dental Technicians Act, 1979;

“member” means any dental technician who is an employee admitted to the scheme in terms of clause 3 of this determination;

“scheme” means the medical scheme referred to in clause 2 of this determination.

2. DIE MEDIESE SKEMA

(1) Die mediese skema is die Mediese Skema Topmed, geregistreer ingevolge die Wet op Mediese Skemas, 1967, en aangebied en ge-administreer deur die Suid-Afrikaanse Nasionale Mediese Fonds Beperk (hierna SANMED genoem).

(2) Die doel van die skema is om voorsiening te maak vir die verlening van finansiële hulp aan werknemers om uitgawes te bestry wat hulle of hul afhanglikes aangegaan het ten opsigte van mediese, paramediese, verplegings-, chirurgiese of tandheelkundige dienste, die verskaffing van medisyne en van plek in 'n hospitaal of verpleeginrigting.

(3) Die skema word beheer deur reëls wat deur die Raad goedgekeur is en deur dié ander reëls wat van toepassing is op die Mediese Skema Topmed wat die Registrateur van Mediese Skemas, ingevolge die Wet op Mediese Skemas, 1967, goedgekeur het.

(4) Elke lid moet, sodra hy lid word, voorsien word van 'n kopie van die reëls in subklousule (3) bedoel.

3. LIDMAATSKAP

(1) Elke tandtegnikus wat op 31 Desember 1983 lid was van die mediese skema gepubliseer in Goewermentskennisgewing R. 1470, gedateer 29 Julie 1977, bly outomaties lid van die mediese skema op die aanvangsdatum van die skema.

(2) Elke tandtegnikus onder die ouderdom van 65 jaar wat op die aanvangsdatum van die skema 'n werkneemer van 'n tandarts of 'n tandtegnikus is, moet lid word van die skema.

(3) Lidmaatskap van die skema is verpligtend vir alle tandtegnici onder die ouderdom van 65 jaar sodra hulle na die aanvangsdatum van die skema, werknemers word.

(4) Die lidmaatskap van persone wat ingevolge subklousules (2) en (3) van hierdie klousule toegelaat word, neem 'n aanvang op die eerste dag van die maand wat saamval met of volg op die datum waarop—

- (a) hierdie bepaling in werkung tree; of
- (b) hulle tandtegnikus werknemers word.

(5) Elke werkneemer wat verplig is om lid te word, moet die aansoekvorm om lidmaatskap in Aanhengsel A hiervan voorgeskryf in tweevoud invul en binne 14 dae vanaf die aanvangsdatum van lidmaatskap die een vorm aan SANMED stuur en die ander een aan die Raad.

(6) Lidmaatskap van die skema eindig sodra 'n lid uit die beroep van tandtegnikus tree of nie langer 'n werkneemer van 'n tandarts of tandtegnikus is nie.

4. BYDRAES DEUR WERKGEWERS EN WERKNEMERS

(1) Elke tandtegnikus lid moet 50 persent betaal van die lys van bydraes wat op sy lidmaatskap van toepassing is en wat gebasbeer is op die lys van bydraes deur SANMED van tyd tot tyd bepaal en wat ingevolge die bepaling van die Wet op Mediese Skemas, 1967, goedgekeur is.

(2) Elke werkewer moet van die salaris van elke lid in sy diens 'n bedrag ooreenkomsdig subklousule (1) aftrek, by die totaal van die bedrae aldus afgetrek 'n gelyke bedrag voeg en die totale som aan SANMED stuur sodat dit hom voor of op die 10de dag van die daaropvolgende maand bereik.

(3) Vir die doeleindes van die betaling van die maandelikse bydraes in subklousule (1) en (2) bedoel, moet die werkewer 'n debetorder teken in die vorm in Aanhengsel B hiervan voorgeskryf, getrek op sy bankrekening ten gunste van SANMED.

(4) Enige bedrag wat foutief aan SANMED betaal word, is aan die werkewer terugbetaalbaar.

(5) As daar 'n verandering in die inkomstekategorie van 'n lid is, moet die werkewer van dié lid SANMED binne 14 dae daarvan in kennis stel.

2. THE MEDICAL SCHEME

(1) The medical scheme shall be the Topmed Medical Scheme registered in terms of the Medical Schemes Act, 1979, and offered and administered by the South African National Medical Fund Limited (hereinafter referred to as SANMED).

(2) The object of the scheme is to provide for the rendering of financial help to employees to meet expenses incurred by them or their dependants in respect of medical, paramedical, nursing, surgical or dental services, the provision of medicines, and of accommodation in a hospital or nursing home.

(3) The scheme shall be governed by rules approved by the Council and such other rules as are applicable to the Topmed Medical Scheme as approved by the Registrar of Medical Schemes in terms of the Medical Schemes Act, 1967.

(4) Every member shall, upon becoming a member, be supplied with a copy of the rules referred to in subclause (3).

3. MEMBERSHIP

(1) Every dental technician who on 31 December 1983, was a member of the medical scheme published in Government Notice R1470 dated 29 July 1977, shall automatically remain a member of the scheme on the commencement date.

(2) Every dental technician under the age of 65 years and who is an employee of a dentist or a dental technician on the date of commencement of the scheme, shall become a member of the scheme.

(3) Membership of the scheme shall be compulsory for all dental technicians under the age of 65 years, on becoming employees after the date of coming into operation of the scheme.

(4) Membership of persons admitted in terms of subclauses (2) and (3) of this clause shall commence on the first day of the month coinciding with or next following the date on which—

- (a) this determination comes into operation, or
- (b) they become dental technician employees.

(5) Every employee who is obliged to become a member shall complete in duplicate the application for membership form prescribed in Annexure A hereto, and shall forward one form to SANMED and the other to the Council within 14 days from the date of commencement of membership.

(6) Membership of the scheme shall terminate immediately a member leaves the profession of dental technician or is no longer an employee of a dentist or dental technician.

4. CONTRIBUTIONS BY EMPLOYERS AND EMPLOYEES

(1) Every dental technician member shall pay 50 per cent of the schedule of contributions applicable to his membership as determined from time to time by SANMED and which has been approved in terms of the Medical Schemes Act, 1967.

(2) Every employer shall deduct an amount in accordance with subclause (1) from the salary of each member in his employ and to the aggregate of the amounts so deducted he shall add an equal amount and pay the total sum to SANMED to reach it not later than the 10th day of the next succeeding month.

(3) For the purposes of payment of monthly premiums referred to in subclauses (1) and (2), an employer shall sign a debit order in the form prescribed in Annexure B hereto, drawn on his bank account in favour of SANMED.

(4) Any amount paid to SANMED in error shall be refundable to the employer.

(5) If there is a change in the income category of a member the employer of such member shall advise SANMED thereof within 14 days of such change.

(6) As daar 'n verandering in 'n lid se diens is, moet die werkewer SANMED binne 14 dae daarvan in kennis stel.

(7) As daar 'n verandering in die getal afhanklikes van 'n lid is, moet dié lid SANMED binne 14 dae daarvan in kennis stel.

5. VRYSTELLINGS

(1) As 'n werkewer by die inwerkingtreding van hierdie bepaling 'n mediese skema ten voordele van sy werknemers in werkung het wat deur die Raad goedgekeur is, of in die geval van 'n werknemer wat 'n afhanklike is van haar eggenoot wat 'n lid is van 'n ander goedgekeurde mediese skema, kan die Raad dié werkewer en werknemers wat tot so 'n skema bydra, of wat sodanige afhanklike is, vrystel van enigeen van of al die bepalings van hierdie bepaling.

(2) Die Raad moet die voorwaardes vassel waarop dié vrystelling verleen word, asook die tydperk waarvoor dit van krag is, en kan na een maand skriftelike kennisgewing aan die betrokke persone sodanige vrystelling intrek, afgesien daarvan of die tydperk waarvoor die vrystelling verleen is, verstryk het al dan nie.

(3) Die Registrateur van die Raad moet aan elke persoon aan wie vrystelling ingevolge hierdie klousule verleen word, 'n sertifikaat uitreik wat deur hom onderteken is en waarin onderstaande vermeld word:

- (a) Die volle naam van die betrokke persoon;
- (b) die bepalings van hierdie bepaling waarvan vrystelling verleen word;
- (c) die voorwaardes ooreenkomsdig subklousule (2) van hierdie klousule vasgestel waarop dié vrystelling verleen word;
- (d) die tydperk waarvoor die vrystelling van krag is.

(4) die Registrateur van die Raad moet—

- (a) alle sertifikate wat uitgereik word in volgorde nommer; en
- (b) van elke sodanige sertifikaat wat uitgereik word 'n kopie bewaar.

(5) Elke werkewer en werknemer moet die bepalings van 'n vrystellingssertifikaat wat ingevolge hierdie klousule uitgereik word, nakom.

(6) If there is any change in the employ of a member, the employer of such member shall advise SANMED thereof within 14 days of such change.

(7) If there is any change in the number of dependants of a member, such member shall advise SANMED thereof within 14 days of such change.

5. EXEMPTIONS

(1) The Council may, where, at the coming into operation of this determination, an employer has in operation for the benefit of his employees a medical scheme, approved by the Council, or in the case where an employee is a dependant of her husband who is a member of an approved medical scheme, exempt such employer and employees contributing to such scheme, or to such dependant, from any or all the provisions of this determination.

(2) The Council shall fix the conditions subject to which it shall operate, and may after one month's notice, in writing, to the persons concerned, withdraw such exemption, whether or not the period for which it was granted has expired.

(3) The Registrar of the Council shall issue to every person exempted in accordance with the provisions of this clause a licence signed by him setting out—

- (a) the full name of the person concerned;
- (b) the provisions of the determination from which exemption is granted;
- (c) the conditions fixed in accordance with the provisions of subclause (2) of this clause subject to which such exemption is granted;
- (d) the period during which the exemption shall operate.

(4) The Registrar of the Council shall—

- (a) number consecutively all licences issued; and
- (b) retain a copy of each such licence issued.

(5) Every employer or employee shall observe the provisions of any licence of exemption issued in terms of this clause.

AANHANGSEL A S.A. NASIONALE MEDIËSE FONDS BEPERK SANMED

AANSOEK OM LIDMAATSKAP

1. Besonderhede van aansoeker—Hooflid:

Eerste voornaam
Alle ander voorletters:

Familienaam
Geboortedatum

Taal waarin briefwisseling verlang word (Engels/Afrikaans)

Is u 'n persoenaris? (Ja/Nee)
Geslag Beroop

Datum van huwelik
Bruto jaarlikse inkomste: Self R

Huidige of vorige SANMED-lidmaatskapnommer(s), as daar is
Posadres

Titel
Ras

Betaalstaatkode
Huwelikstaat

2. Besonderhede van u werkewer:

Naam
Adres

3. Besonderhede van afhanklikes:

	Geboortedatum			Beroep
	Maand	Jaar	Name	
Gade Kinders:				
Eerste				
Tweede				
Derde				
Vierde				
Vyfde				
Sesde				
Sewende				

4. Besonderhede van vorige mediese dekking (nie SANMED nie):

Is u tans, of was u hoogstens drie maande gelede minstens twee jaar lank ononderbroke lid van 'n ander geregistreerde mediese skema? (Ja/Nee) Indien wel, noem die naam van die skema hieronder en heg by hierdie aansoekvorm 'n verklaring van dié skema aan (nie u lidmaatskapsertifikaat nie) wat die volgende moet aandui:

Name van hooflid en afhanklikes, aanvangs-en beëindigingsdatum van lidmaatskap, besonderhede van uitsluitings uit of beperkings van bystand.

Naam van skema
(Let wel.—Sonder hierdie verklaring is die aansoek onvolledig.)

5. Gesondheidstoestand en algemene inligting:

(Tensy anders gereël, moet dit deur die lid/aansoeker verskaf word.)

- 5.1 Gee die naam en adres van die dokter wat u gewoonlik raadpleeg
- 5.2 Het u of een van u afhanklikes enige liggaaamlike (met inbegrip van dentale) abnormaliteit, misvormdheid, gestremdheid of gebrek, hetby aangebore of as gevolg van 'n ongeluk, siekte of ander oorsaak? (Ja/Nee)
- 5.3 Het u of een van u afhanklikes ooit gely aan 'n kwaal van siekte; mediese of chirurgiese behandeling of mediese, radiologiese of patologiese ondersoek ondergaan; of mediese advies probeer inwin insake 'n simptoom, mediese of dentale toestand? (Ja/Nee)
- 5.4 Ly u of een van u afhanklikes tans aan 'n kwaal of siekte? (Ja/Nee)
- 5.5 Is daar ten opsigte van uself of een van u afhanklikes enige ander omstandigheid wat nie elders in hierdie aansoekvorm genoem word nie betreffende vorige of huidige siektes, ongelukke, operasies of ander toestande waaroor advies gesoek is/word of waarvoor behandeling ontvang of aanbeveel is? (Ja/Nee)

As u op een van bostaande vrae Ja geantwoord het, gee dan volle besonderhede hieronder. Gebruik asseblief 'n aparte vel as die ruimte onvoldoende is.

Naam van pasiënt	Aard, datum en duur van siekte of toestand	Behandeling ontvang	Naam van dokter of hospitaal	Aard van behandeling wat nodig is
.....
.....
.....
.....

6. Onderneming deur die aansoeker/hooflid:

6.1 Ek, die ondergetekende doen aansoek om versekering by SANMED en stem toe dat—

- 6.1.1 alle antwoorde en inligting in hierdie aansoek vervat en alle dokumente wat na SANMED se mening op die versekeringsrisiko betrekking het en wat deur my onderteken is of sal word, hetby deur my of iemand anders ingeval, die grondslag van die voorgestelde ooreenkoms sal vorm en dat hulle as waar en volledig gewaarborg word; en dat, indien die versekering nietig of ongeldig is, al die geld wat vir die versekering betaal is aan SANMED verbeur sal word en dat alle bystand wat uitbetaal is onmiddellik aan SANMED terugbetaal sal word;
- 6.1.2 geen versekeringsooreenkoms gesluit sal word nie tensy SANMED my uitdruklik skriftelik van hul aanvaarding van die risiko in kennis stel; en
- 6.1.3 'n verslegting of wysiging in die versekeringsrisiko voor die datum of voorval deur SANMED vir die aanvang van die versekering gestel, of voor die datum waarop hierdie aansoek deur SANMED aanvaar word, naamlik die jongste datum, SANMED sal magtig om die versekeringskontrak te kanselleer, en dat al die geld wat vir hierdie versekering betaal is voordat SANMED kennis van so 'n wysiging kry, aan SANMED verbeur sal word en bystand wat toegestaan is, onmiddellik aan SANMED terugbetaal sal word.

6.2 Ek gee onherroeplik toestemming aan enige mediese dokter, persoon of organisasie wat in besit mag wees of mag kom van inligting in verband met my gesondheid of dié van my afhanklikes, om dié inligting aan SANMED openbaar te maak, ook na my dood.

6.3 Ek gee aan my werkgewer toestemming om van my salaris alle bedrae af te trek wat ek aan SANMED moet betaal.

Geteken te op hede die dag van 19.....

Handtekening van aansoeker

Getuie

7. Werkgewer se verklaring betreffende groepaansoeker:

Ek/Ons verklaar dat.....

- 7.1 op die voltydse aktiewe personeel aangestel is/'n afhanklike geword het op 19....; en
- 7.2 die maandelikse premie van R.....(vir hooflid en afhanklikes) en die registrasiegeld, as daar is, betaal sal word vanaf 01..... 19.....

Geteken

Datum

Werkgewer se stempel

AANHANGSEL B

DEBETORDER

Heg 'n blanko of gekanselleerde tjeuk aan van die bankrekening waarop die premies getrek moet word

Die Sekretaris
SANMED
Posbus 45
Sanlamhof
7532

Ek/Ons, die ondergetekende(s), versoek SANMED om met my/ons bank en Multi-Data reellings te tref dat premies wat betaalbaar is ingevolge die voorwaarde van die lidmaatskap (soos van tyd tot tyd gewysig mag word) op my/ons bankrekening (waar dit ook al gehou word) getrek kan word ooreenkomsdig die debetorderstelsel.

Eerste invorderingsdatum.....

Lidmaatskapnommer	Premie	Betaalbaar (maandeliks, driemaandeliks, ses- maandeliks, jaarliks)
.....	R.....	.....

NAAM VAN BANKREKENING WAARUIT BEDRAE INGEVORDER MOET WORD SOOS DIT IN DIE BANK SE BOEK VOORKOM:
As dit 'n PERSOON se rekening is, noem:

Familienaam	Naam van rekening
-------------------	-------------------------

Eerste naam en ander voorletters.....

Geboortedatum:	Taal (E. of A.)	Betaler se persoonsnommer, indien beskikbaar:
----------------	-----------------	---

Betaler se adres.....

Is die betaler 'n bankbeampte?	Ja/Nee	Is die hooflid ook die betaler?	Ja/Nee
Bank se naam (indien 'n agentskap, noem die tak waaronder dit val).	.....	Hooflid (indien nie die betaler nie)	.....
Bank se adres .....	.....	Familienaam .....	.....
		Eerste naam en ander voorletters.....	.....
		Geboortedatum.....	.....

Agt-syferbankkode op tpek	No. van eerste tpek in tpekboek	Nommer van betaler se bank- rekening	VIR KANTOORGEBRUIK Vier-syferbankkode
---------------------------	---------------------------------	---	--

Betaler se naamtekening	Datum
(As die betaler 'n maatskappy is, moet 'n gemagtigde beampte oor die maatskappy se stempel teken)	

VIR KANTOORGEBRUIK

Identifikasie:

ANNEXURE A

S.A. NATIONAL MEDICAL FUND LTD

SANMED

APPLICATION FOR MEMBERSHIP

1. Particulars of applicant—Principal member:

First christian name	All other initials	Surname	Title
Date of birth	Correspondence language preferred (English/Afrikaans)	Race	Are you a pensioner (Yes/No)
Pay-sheet code	Sex	Occupation	Marital status
Date of marriage	Gross annual income: Self R.....	Husband/Wife R.....	
Present or previous SANMED membership No.(s), if any	Postal address		

2. Particulars of your employer:

Name	Address
------------	---------------

3. Particulars of dependants:

	Date of birth			Occupation
	Month	Year	Names	
Spouse				
Children:				
First				
Second				
Third				
Fourth				
Fifth				
Sixth				
Seventh				

4. Particulars of previous medical cover (not SANMED):

Are you at present, or were you not more than three months ago, a member of another registered medical scheme uninterruptedly for at least two years? (Yes/No)

If so, state the name of the scheme below and attach to this application form a declaration from that scheme (not your membership certificate) which must indicate: Names of principle member and dependants, dates of commencement and termination of membership, particulars of exclusions from or restrictions of benefit.

Name of scheme.....

(Please note.—Without this declaration the application will be incomplete.)

5. State of health and general information:

(To be supplied by member/applicant, unless otherwise arranged.)

5.1 Give the name and address of the general practitioner you usually consult

5.2 Do you or any of your dependants have any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause? (Yes/No)

5.3 Have you or any of your dependants ever suffered from any ailment or disease; undergone any medical or surgical treatment or medical, radiological or pathological investigations; or sought medical advice on any symptom, medical or dental condition? (Yes/No)

5.4 Do you or any of your dependants suffer from any ailment or disease at present? (Yes/No)

5.5 Are there, in respect of yourself or any of your dependants, any other circumstances not mentioned elsewhere on this proposal form, relating to past or present diseases, accidents, operations or other conditions for which advice has been/is being sought, or treatment has been received or recommended? (Yes/No)

If you have answered Yes to any of the questions above, give full particulars below. Please use a separate sheet if the space provided is inadequate.

Name of patient	Nature, date and duration of illness or condition	Treatment received	Name of doctor or hospital	Nature of treatment needed
.....
.....
.....

6. Undertaking by the applicant/principal member:

6.1 I, the undersigned, apply for assurance with SANMED and agree that—

6.1.1 all answers and information contained in this application and all documents which, in SANMED's opinion, pertain to the assurance risk, and which are signed or will be signed by me, whether completed by me or somebody else, will be the basis of the proposed agreement, and are warranted true and complete; and that, if the assurance should be void or invalid, all moneys paid towards the assurance will be forfeited to SANMED, and all benefits paid off will be repayable to SANMED immediately;

6.1.2 no assurance agreement will be concluded unless SANMED specifically notifies me in writing of their acceptance of the risk; and

6.1.3 any deterioration or alteration in the assurance risk before the date or the occurrence set by SANMED for the commencement of the assurance, or the date on which this application is accepted by SANMED, whichever is the later date, will give SANMED the right to cancel the assurance contract, and that all moneys paid towards this assurance before SANMED receives notice of such an alteration will be forfeited to SANMED and benefits granted will be repayable to SANMED immediately.

6.2 I irrevocably give my consent to any medical doctor, person or organisation who may be in or who may come into possession of any information regarding my health or the health of my dependants, to disclose this information to SANMED, also after my death.

6.3 I give my consent to my employer to deduct from my salary all amounts that are payable by me to SANMED.

Signed at on this day of 19.....

Signature of applicant

Witness

7. Employer's declaration concerning group applicant:

I/We declare that

7.1 was appointed to the full-time active staff/became a dependant on 19.....; and

7.2 the monthly premium of R.(for principal member and dependants) and the registration fee, if any, will be paid from 01..... 19.....

Signed

Date

Stamp of employer

ANNEXURE B

DEBIT ORDER

The Secretary
SANMED
P.O. Box 45
Sanlamhof
7532

Attach a blank or cancelled cheque of the
Banking account on which premiums are
to be drawn

I/We, the undersigned, request SANMED to arrange with my/our bank and Multi-Data for premiums payable in terms of the conditions of the membership (as they may be amended from time to time) to be drawn on my/our banking account (wherever it is held) in terms of the debit order system.

First collection date

Membership number	Premium	Payable (monthly, three-monthly, six-monthly, yearly)
.....	R. ....	.....

In terms of section 12(4) and 12(5) of the Dental Technicians Act, 1979 (Act 19 of 1979), 1. Andries Davids van der Merwe, Registrar of the South African Dental Technicians Council, hereby publish an amendment of the conditions of employment of dental technicians who are employees, which the Council has determined in terms of section 12(1) (a) of the said Act and published in the Government Gazette under Notice 796, dated 7 November 1980, as amended by Notice 384 of 1982 and published in the Government Gazette, dated 11 June 1982, as follows:

1. Clause 2 (1) is hereby deleted and substituted by the following:

DEPARTMENT OF HEALTH AND WELFARE
THE SOUTH AFRICAN DENTAL TECHNICIANS
COUNCIL

NOTICE 925 OF 1983

Address of payer.....		Date of birth.....
Is the payer a bank official? Yes/No		Is the principal member also the payer? Yes/No
Name of bank (if an agency, state the branch under which it falls).		Principle member (if not the payer)
Surname.....		First name and other initials.....
Address of bank.....		Date of birth
Eight digit banking code on cheque		No. of first cheque in cheque book
FOR OFFICE USE		Player's banking account No.
FOR OFFICE USE		For digital banking code
Signature of payer.....		Date.....
(If the payer is a company, an authorised official has to sign across the company stamp)		

NAME OF BANKING ACCOUNT FROM WHICH AMOUNTS ARE TO BE COLLECTED AS IT APPEARS IN THE BANK'S BOOKS: _____
If it is the account of a PERSON, state: _____
It is the account of a COMPANY, INSTITUTION, etc., state: _____
Name of account: _____
Surname: _____
First name and other initials: _____

GOVERNMENT GAZETTE, 9 DECEMBER 1983 No. 8998 17

moet word, by die bepaling van die minimum salaris van sodanige werknemer en nie die datum van registrasie as 'n tandtegnikus in die Republiek van Suid-Afrika nie.

Gedurende die—

	R
eerste jaar	9 019
tweede jaar	9 413
derde jaar	9 805
vierde jaar	10 199
vyfde jaar	10 591
sesde jaar	11 113
sewende jaar	11 635
agtste jaar	12 156
negende jaar	12 678
tiende jaar en daarna	13 200."

minimum salary of such an employee and not the date of registration as a dental technician in the Republic of South Africa:

During the—

	R
first year	9 019
second year	9 413
third year	9 805
fourth year	10 199
fifth year	10 591
sixth year	11 113
seventh year	11 635
eighth year	12 156
ninth year	12 678
tenth year and thereafter	13 200."

BOTHALIA

Bothalia is 'n medium vir die publikasie van plant-kundige artikels oor die flora en plantegroei van Suidelike Afrika. Een of twee dele van die tydskrif word jaarliks gepubliseer.

Die volgende dele is beskikbaar:

Vol. 3 Deel 1 uit druk	Vol. 8 Deel 1 1962 R3
2 1937 75c	2 1964 R3
3 1938 75c	3 1965 R3
4 1939 75c	4 1965 R3

Vol. 4 Deel 1 1941 75c	Supplement
2 1942 75c	
3 1948 75c	Vol. 9 Deel 1 1966 R3
4 1948 75c	2 1967 R3

Vol. 5 1950 R3	1969 R6
	3 en 4

Vol. 6 Deel 1 1951 R1,50	Vol. 10 Deel 1 1969 R3
2 1954 R2,50	2 1971 R3
3 1956 R2	3 1971 R3
4 1957 R2	4 1972 R3

Vol. 7 Deel 1 1958 R2	Vol. 11 Deel 1 en 2
2 1960 R3	1973 R6
3 1961 R3	3 1974 R3
4 1962 R3	4 1975 R3

Vol. 12 Deel 1 1976 R5
2 1977 R5
3 1978 R7,50

Verkrybaar van die Direkteur, Afdeling Landbou-inligting, Privaatsak X144, Pretoria.

Verkoopbelasting moet by alle binnelandse bestellings ingesluit word.

BOTHALIA

Bothalia is a medium for the publication of botanical papers dealing with the flora and vegetation of Southern Africa. One or two parts of the journal are published annually.

The following parts are available:

Vol. 3 Part 1 out of print	Vol. 8 Part 1 1962 R3
2 1937 75c	2 1964 R3
3 1938 75c	3 1965 R3
4 1939 75c	4 1965 R3

Vol. 4 Part 1 1941 75c	Supplement
2 1942 75c	
3 1948 75c	Vol. 9 Part 1 1966 R3
4 1948 75c	2 1967 R3

Vol. 5 1950 R3	3 and 4
	1969 R6

Vol. 6 Part 1 1951 R1,50	Vol. 10 Part 1 1969 R3
2 1954 R2,50	2 1971 R3
3 1956 R2	3 1971 R3
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