

Patient information

Please note: We do not claim from the medical aids. We appreciate you settling this account today and claim from your medical aid.

Surname: _____ Initials: _____ Name: _____
 Title: _____ Date of birth (If no ID given): _____ ID/Passport: _____
 Occupation: _____

Expected date of delivery: _____ Referring doctor(s): _____

Home address: _____ Postal address: _____
 _____ Postal code: _____
 Home tel: _____ Work tel: _____ Cel: _____
 Home language: _____ Private email: _____ @ _____

Medical aid: _____ Plan: _____
 Number: _____ Dependent code: _____
 Main member (if not yourself): _____ ID: _____

Husband/Partner/Commissioning parent (surrogate) :

Surname and initials: _____ Title: _____
 Name: _____ ID/Date of birth: _____
 Email: _____ Cel: _____
 Occupation: _____

- I am aware that this practice does not necessarily charge the rates that my medical scheme may have decided upon.
- I am fully responsible for payment of services rendered by dr. Pistorius and for appointments not cancelled 24 hours in advance.
- Should I not pay timeously, understand that I will be liable for debt recovery costs on an attorney and own client scale.
- I hereby consent to the processing of my personal information contemplated in the Protection of Personal Information Act (act no 4 of 2013) by dr. Pistorius, his locum tenens or practice staff and third parties for the following purposes:
 - Treating and managing me in terms of a doctor-patient relationship;
 - The administration of the contractual relationship between myself and dr. Pistorius;
 - Communicating with other persons inasmuch as it relates to my treatment and management (including but not limited to providing reports to my attending physician; obtaining information relevant to the current or planned pregnancy, and feedback on current pregnancy);
- Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof including medical schemes and their administrators where relevant; and
- Collecting monies outstanding from me.

Signature: _____ Date: _____