Gerda Enslin DT: 0004065
Cell: 082 575 1638

Zelda Pienaar DT: 0028541
Cell: 083 412 1499

Netcare Pretoria East   www.pediet.co.za   info@pediet.co.za

PERSONAL PARTICULARS OF PATIENT

Title_______ Name and initials____________________ Surname________________________________
I.D.____
Date of birth ____ Age ______________________
Occupation_____________________________________Employer________________________________
Home address____
____Postal code_________________
Postal address ____Postal code__________________
Telephone (W) ____________________ (H) _____________________(C) _______________________
E-mail____ Referring doctor_______________________

PARTICULARS OF PERSON RESPONSIBLE FOR ACCOUNT

Main Member _________________________________ I.D.______________________________________
Medical Aid Name and Option____
Number____ Patient code*________________
of patient seen by dietician
Occupation_____________________________________Employer________________________________
Home address____
____Postal code_______________
Postal address ____Postal code________________
Telephone (W) ____________________ (H) _______________________(C) _____________________
E-mail____Faxnr_________________________________

PARTICULARS OF FAMILY OR FRIEND NOT STAYING WITH PATIENT

Title_______ Surname_________________________________ ____________Initials_________________
Telephone (W) ____________________ (H) _____________________(C) _______________________

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT. I DO UNDERSTAND THAT I AM RESPONSIBLE FOR THE TOTAL AMOUNT IF NOT PAID BY THE MEDICAL AID AND ALSO FOR ANY OUTSTANDING AMOUNT NOT PAID IN FULL BY MEDICAL AID.
DATE: _________________ **SIGNATURE:**_______________________________________

MEDICAL PARTICULARS OF PATIENT *For office use only*

Date	Name	ICD 10	Treatment code

 # PLEASE NOTE CANCELLATION POLICY: IF APPOINTMENTS ARE NOT CANCELLED 24HOURS PRIOR TO CONSULTATION, YOU WILL STILL BE HELD RESPONSIBLE FOR PAYMENT OF THE CONSULTATION FEE.