

DR DC LOURENS

GENERAL MEDICAL PRACTITIONER

MAIN MEMBER

TITLE: _____ NAME: (as it appears on the medical aid card)

SURNAME _____

IDENTITY NUMBER _____

POSTAL ADDRESS: _____ PHYSICAL ADDRESS _____

Email address _____

TELEPHONE NUMBERS _____, _____

MEDICAL AID _____

OPTION _____

NUMBER _____

DEPENDANTS OF THE MAIN MEMBER

	Identity no.	dependant no
1. _____	ID _____	DEP NO. _____
2. _____	ID _____	DEP NO. _____
3. _____	ID _____	DEP NO. _____
4. _____	ID _____	DEP NO. _____

ALL PRIVATE PATIENTS , WITH NO MEDICAL AID MUST SETTLE THE ACCOUNT AFTER THE CONSULTAION. NO ACCOUNTS!!

MEDICAL AID PATIENTS MUST ENSURE THAT THE CONSULTATIONS ARE PAID BY THE MEDICAL AID. You are liable for the amount until settled.