

Dr Werno Knoesen

PR: 1091522



Emfuleni Mediclinic
4th Floor
Vanderbijlpark, 1911

Tel: 016 950 8079

dr.w.knoesen@gmail.com

PATIENT DETAILS/PASIËNT BESONDERHEDE

Title/Titel	Name & Surname/Naam en Van	ID Number/ID Nommer	Allergies/Allergië

MAIN MEMBER/HOOFLID

Title/Titel		Surname/Van	
Full Name/Volle Naam			
Id Nr			
Language/Taal			
Residential/Woon Adres			
		Code/Kode	
Postal/Posadres			
		Code/Kode	
Email/Epos			
Tel Nrs	H:	W:	Cell: Mr
			Cell: Mrs
Occupation/Beroep			
Employer/Werkgewer			
Marital Status/Huwelikstatus			

MEDICAL AID/MEDIESE FONDS

Medical Aid/Mediese Fonds	Number/Nommer	Option/Opsie

DEPENDANTS/AFHANKLIKES

Code/Kode	ID Number/Id Nommer	Name, Surname/Naam, Van	Gender/Geslag

NEXT OF KIN/NAASBESTAANDE (In case of emergency/In geval van nood)

Name, Surname/Naam, Van	Address/Adres	Tel Nr	Relationship/ Verwantskap

I, the undersigned, hereby acknowledge that I am responsible for all payments not settled by my medical aid or in the case of a Private Account. Payment will be settled within 30 days of date of service. Ek, die ondergetekende erken hiermee dat ek verantwoordelik is vir alle betalings wat nie deur my mediese fonds gemaak was nie of in die geval van 'n Privaat Rekening. Betaling sal geskied binne 30 dae vanaf diensdatum.

Signature

Date