Dr. Sarel Botha
Maxillofacial & Oral Surgeon
MBChB (Pret) | BChD (Pret) | Dip Odont (Pret) | MBA (Regent) | MChD (MFOS)(Pret) | FCMFOS (SA) FIFHNOS

Dr BL van Niekerk
Maxillofacial & Oral Surgeon
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Personal Information - Patient

Patient Names and Surname: .....
If minor, state name of parent or guardian: .....
ID Number: …… Date of birth: ……..... /……..... /……..... Gender: Male / Female
Referring doctor: .....
Patient contact number: ……

Have you been in a hospital in the past two years?	Yes / No
Have you been under the care of a doctor during the past two years?	Yes / No
Any medicine or drugs during the past two years?	Yes / No
Are you allergic to Penicillin / any other drugs or medicine?	Yes / No
Have you had any excessive bleeding requiring special treatment?	Yes / No

Circle the name of any of the following which you have had:

Heart Disease, Heart Murmur, High Blood Pressure, Rheumatic Fever, Asthma, Cough, Diabetes, Tuberculosis, Hepatitis, HIV, Jaundice, Arthrithis, Stroke, Epilepsy, Psychiatric Treatment.

Have you had any other serious illnesses?	Yes / No
If Applicable: Are you pregnant?	Yes / No

Agreement

I, ...(name of person responsible for account) undertake to pay all costs as between attorney and client as well as collection commission of 10% in the event of instituting any legal action emanating from this document / transaction against me/us. I agree to pay any account received within 30 (thirty) days of statement date and acknowledge that I will pay the interest per month on any unpaid balance owing by me.

Person responsible for payment of account / Main member:

Names and Surname: (Mr or Mrs or Miss) .....
ID Number: .....
Home Address: ..... Postal Address: .....
....
....
Home Tel: ..... Work Tel: .....
Cell: .....
Email: .....

Medical aid details

Medical Aid: ..... Medical Aid Plan: .....
Medical Aid No: ..... Authorization No: ……

Other Telephone Numbers:

Wife/Mother: ..... Husband/Father: .....
Relative/ Friend: .....

Signature: ..... Date: .....

IMPORTANT NOTICE: PLEASE READ INFORMATION REGARDING TARRIFS. PLEASE NOTE, WE ARE NOT CONTRACTED TO ANY MEDICAL AID