Please supply the following info	rmation: (We also r	need to take a copy of your ID+Medica	I Card)
Patients full name: (Ms/Mrs/Mr) _			
Date of Birth://	ID N	lumber:	
Occupation:	Med	lical aid dependent number:	
Postal Address:			
		Postal Code :	
(if different from above)		Postal Code :	
		(C)	
Email:	Per	son responsible for account	
Referred by Doctor / Person / Go	ogle / SaMedicalSp	ecialist /Recomed / Other:	
Medical aid details			
Medical Aid:	Plan:	Number:	
Main Member:	ID N	lumber :	
		ealth Premier A Rate. Procedures fo y insurer pending savings for consult	
our usual fee if paid on day of set	rvice. We accept a	day of service. We offer a 10% discoup part-payment for procedures for som y to your medical aid. <u>Please see ove</u>	ne
Our usual fees are:	<u>Consultations</u> :	R 1 800.00	
A guide to procedures:	Gastroscopy Colonoscopy	R 3 860.00 R 10 400.00 (+R1 940 for polypectomy	y)
Accounts not paid within 30 day administration fee. You are alway	s will attract interes	Health if you use the 10% discour st at 20 % per annum and a month our account. All patients need to dis sultation or procedure to get the disco	ly R65.00 cuss their
Signature:	Date	e://	

This practice adheres to the terms of Sec 51 of the Promotion of Access to Information Act, 2000 (POPI). We are professionally obligated to provide a report of your consultation to your referring doctor unless you specifically decline permission. If you require any other sharing of your information please complete a "Consent Form" from the front desk. This would include providing information to family members or friends.