

**Dr P Swart MB ChB, MMed (Chir) (UOVS)**  
 General Surgeon  
 Practice Number: 042 000 4208153

**Dr SA Marais MB ChB (UWS), MMed (Anaes)**  
 Specialist Anaesthesiologist  
 Practice Number: 010 000 1010581

P O Box 1205, Fontainebleau, 2032  
 Accounts Office: 011 801 0500

**PATIENT INFORMATION**

SURNAME		INITIALS	
FULL NAMES		TITLE	
ID NUMBER		GENDER	
DATE OF BIRTH		DEPENDANT CODE (PATIENT)	
BMI	HEIGHT	WEIGHT	
TELEPHONE NUMBER	(H)	(CELL)	
	(W)		
EMAIL ADDRESS			
REFERRING DOCTOR AND CONTACT NR			

**PRINCIPAL MEMBER OF MEDICAL SCHEME – PERSON RESPONSIBLE FOR ACCOUNT**

SURNAME		INITIALS	
FULL NAMES		TITLE	
ID NUMBER		GENDER	
TELEPHONE NUMBER	(H)	(CELL)	
	(W)		
EMAIL ADDRESS			
POSTAL ADDRESS			
PHYSICAL ADDRESS			
MEDICAL SCHEME		DEPENDANT CODE (MAIN MEMBER)	
MEMBERSHIP NUMBER		PLAN	

**NEXT OF KIN (NOT LIVING WITH YOU)**

<u>NAME AND SURNAME</u>			
RELATION			
TEL NO	(H)	(CELL)	
	(W)		

Please provide us with a copy of your medical aid card and ID or Drivers Licence, for both patient and main member.