

REGISTRATION FORM

Dr Matete C Mathobela

Dermatologist

MBChB(UCT), FCDerm(SA), HIVMan(SA), DipPEC(SA)

Pr No: 0577308

Cape Gate Mediclinic
Cnr Okavango & Tanner
Brackenfell, 7562
021 983 5948
081 715 0241

matetederma@gmail.com

Unit AG03, Block A
Grosvner square,
Cnr Century BLVD & Century Way
Century City,7441
081715 0241

PERSONAL DETAILS MAIN MEMBER

*Surname: _____ *Full Names: _____ Initials: _____ Title: _____
ID NO: _____ *Birth date: _____ Gender: M F Home Language : _____
*Cell NO: _____ Tel Home: _____ Tel Work : _____ Employer: _____
Email: _____ Emil Statement YES NO Fax NO.: _____
*Postal Address: _____ *Code: _____
Physical Address: _____ Code: _____

MEDICAL AID DETAILS

*Medical Scheme: _____ *Option Plan: _____
*Member NO: _____ GAP cover YES NO *M/M DEP CODE

PATIENT INFORMATION

ID NO: _____ *Surname _____ *Full Names _____
Initials: _____ Title: _____ Date of Birth: _____ *Relationship to main member: _____ *Patient DEP CODE: Gender : MALE FEMALE
* Cell NO: _____ Use for appointments/test results YES NO Tel Work: _____ Tel Home: _____
Main member's number to be used if the above is: NO
Occupation: _____ Marital Status: _____
Referring Doctor: _____ Private Patient Payment Option: CASH CREDIT CARD CHEQUE CARD

NEXT OF KIN: not from same physical address

*Full names: _____ *Surname: _____ Initials: _____ Title: _____
*Cell NO: _____ *Relationship: _____ Address: _____ Code: _____

I hereby confirm that the information supplied is true and I am responsible for any false information provided. I also confirm that any outstanding fee on my account not paid by my medical aid will be my responsibility (or that of a parent/guardian) to settle in full within 1 month from the time of receiving my invoice.

A co-payment of R300 per patient will be charged for all new consultations.

All private patients and patients on hospital plans will need to settle their accounts in full on the day of the consultation.

*Name in print: _____ *Signature _____

Date: _____

All fields marked with * are mandatory