REGISTRATION FORM

Dr Matete C Mathobela

Dermatologist

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

Pr No: 0577308

Life West Coast Private Hospital
Sessional Rooms, Voortrekker Rd
Vredenburg, 7380
022 719 1353
081 715 0241

matetederma@gmail.com

Suite 03, Ground Floor, Block A
Grosvner square,
Park Lane
Century City,7441
021 065 0340/ 0817150241

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:_____ Email 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 R400 per patient will be charged for all new consultations for patients on medical aids.
All private patients and patients on hospital plans will need to settle their accounts in full on the day of the consultation.
Repeat script requested via the phone/e-mail and pre-authorizations will be charged.

*Name in print: _____ *Signature _____

Date: _____

All fields marked with * are mandatory