

DR JANEL WELGEMOED
DR HANNESKE CORNELISSEN
PRACTICE 5438926



PATIENT REGISTRATION FORM

Patient Details

Full Name: Title:
ID Number: Date of Birth:
Home address:
Email address:
Cell: Tel No (H): Tel No (W):

Alternative Contact Name and Number

Full Name: Title:
Contact number: Relationship: (Spouse/friend, etc.)

Reason for this visit? e.g. Pain, Check-up, Broken tooth
Are you interested in tooth whitening?

Account Holder (Guarantor) or Medical Aid Main Member Details

Full Name: Title:
ID Number: Date of Birth:
Home address:
Email address:
Tel No (H): Tel No (W): Cell:
Medical Aid: Membership Number:

FEE STRUCTURE AND PRACTICE POLICY:

1. All accounts are to be settled in full after each appointment
2. Longbeach Dental is not contracted in to Medical Aid
3. EFT Payments are to be done on the premises
4. Cheques, Diners Club and American Express cards are not accepted

I hereby declare that the above information is correct and that I accept the fee structure and practice policy

Signature: **Date**