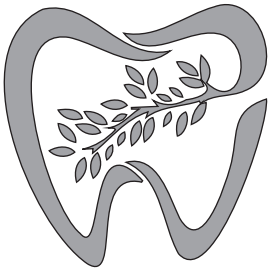

Almond Dental Studio

Pr. Nr: 1050478

Address: 103 Hennie Alberts Street, Brakeckenhurst
011 867 1101
082 054 8157
Email: admin@almondentalstudio.com

New Patient Form:

Main Member of medical aid (particulars of responsible person)

Initials: Surname:
Full Name:
I.D no:
Residential address:
Cell no:
Email:

Patient Details

Surname:
Male/Female:
I.D no or Date of Birth:
Cell no:
Medical Conditions and relevant medication:

Medical Aid particulars

Medical Aid name:
Medical Aid option:
Medical Aid no:

Patient or main member of medical aid is at all times responsible for payment of the full account regardless what portion might not be covered by the medical aid. Liability for any legal or tracing cost and whatsoever other cost to recover outstanding debt will be for the responsible persons account. The responsible person undertakes to notify the practice of any changes in his/her indicated address, contact details or medical aid/scheme details. Almond Dental Studio Inc. is hereby authorised to disclose full details as the nature, diagnosis and conditions for dental treatment of the patient to any relevant third party.

Name: Date:
Signature: I.D no: