# Prof. Elaine Joseph

THE BREAST CARE & BONE DENSITY CENTRE

*PLEASE PRINT*

MB.BCH(Rand) FFRAD.(Diag)
SA.College of Radiology

PRACTICE NO. 3804410
Reg. No. ?

ACCOUNT No.

## PATIENT INFORMATION

TITLE: | SURNAME: | SEX:

FULL NAMES: | AGE: | DATE OF BIRTH: D D M M Y Y | LANGUAGE:

RELATION TO MEMBER: EG. FATHER, MOTHER ETC.: | EMAIL ADDRESS:

I.D. NUMBER:

W.C.A PATIENTS ONLY IF APPLICABLE | DATE OF INJURY: D D M M Y Y | CLAIM NUMBER:

CELLPHONE NUMBER:

## MAIN MEMBER / PERSON RESPONSIBLE

TITLE: | NAME: | SURNAME:

I.D. NUMBER: | MED. AID NAME: | MED. AID NUMBER:

POSTAL ADDRESS: | CODE:

RESIDENTIAL ADDRESS: | CODE:

EMPLOYER (COMPANY NAME): | OCCUPATION:

TEL HOME: | TEL WORK: | CELL No.:

EMPLOYER ADDRESS: | CODE:

NAME AND TEL No. OF RELATIVE OR FRIEND | TEL No.:

EMAIL ADDRESS OF MAIN MEMBER:

PAYING METHOD: CASH | CARD | STATEMENT

NAME OF REFERRING DOCTOR: | TEL No.:

NAME OF YOUR GENERAL PRACTITIONER: | TEL No.:

## DECLARATION

| FEMALE PATIENT: | | |
|---|---|---|
| ARE YOU PREGNANT? | YES | NO |

| ALLERGIES: | YES | NO | PLEASE SPECIFY |
|---|---|---|---|
| ASTHMA: | YES | NO | |

I HEREBY CONSENT TO THE INJECTION OR OTHER ADMINISTRATION OF ANY DRUG OR CONTRAST MEDIA WHICH MAY BE NECESSARY FOR THE PERFORMANCE OF MY X-RAY EXAMINATION, NOTWITHSTANDING ANY MEDICAL AID SOCIETY OR OTHER ORGANISATIONS'S UNDERTAKING, I ACKNOWLEDGE PERSONAL RESPONSIBILITY FOR PAYMENT OF THE ACCOUNT WITHIN (30) DAYS, DIRECTLY TO THIS PRACTISE. IN THE EVENT OF NON-PAYMENT, I SHALL BE LIABLE FOR ALL LEGAL COSTS RELATING TO THE RECOVERY OF THE OUTSTANDING AMOUNT OF THE ATTORNEY AND OWN CLIENT SCALE AND INTEREST ON THE OVERDUE AMOUNTS CALCULATED AT A RATE EQUAL TO THE PRIME OVERDRAFT RATE CHARGED BY THE PRACTICE'S COMMERCIAL BANKERS.

NAME | SIGNATURE | WITNESS SIGNATURE | DATE

PLEASE NOTE THAT EVEN IF YOU ARE A MEMBER OF A MEDICAL AID FUND AND EVEN IF THE PRACTISE COLLECTS DIRECTLY FROM YOUR MEDICAL AID FUND, YOU REMAIN PERSONALLY RESPONSIBLE FOR PAYMENT OF YOUR ACCOUNT. IT IS YOUR DUTY AT ALL TIMES TO ENSURE THAT YOUR ACCOUNTS ARE PAID ON DUE DATE.

## FOR OFFICE USE ONLY

CAPTURED BY:

PRE-AUTHORISED: