KLOOF ROAD+
MEDICAL CENTRE
Practice Number: 0614343

17 Kloof Road
Corner Arterial Road West, Bedfordview

Postnet Suit 221, Private Bag X782,
Bedfordview, 2008

011 616 4400
admin@krmc.co.za

www.krmc.co.za

PERSON RESPONSIBLE FOR THE ACCOUNT The information below is confidential and will help us to carry out our treatment in the best possible way.							
Surname		Mr	Mrs	Miss	Dr	Prof	
Full Name/s							
ID Number							
Contact Details	H)	W)					
	C)	Email)					
Postal Address							
Residential Address *(domicilium citandi et executandi)*							
Allergies:							

MEDICAL AID INFORMATION			
Name of Medical Aid		Plan Type	
Membership Number		Main Member	

PARTNER OR SPOUSES INFORMATION							
Surname		Mr	Mrs	Miss	Dr	Prof	
Full Name/s							
ID Number							
Contact Numbers	H)	W)	C)				
Email Address							
Allergies:							

ADDITIONAL DEPENDENT'S			
Name:	**Date of Birth**	**Sex**	**Allergies**
1)			
2)			
3)			
4)			

Emergency Contacts					
Name:		Contact number:		Relationship:	
Name:		Contact number:		Relationship:	

Kindly Note

This is a ***Cash*** practice we do not submit accounts to medical aids. It is your responsibility to settle your account in full after consultation with the Doctor. You will be provided with a detailed statement & proof of payment to submit to your medical aid for reimbursements. Payment may be made by means of credit card, debit card or cash.

You ***will*** be held Liable to pay any collection and / or attorney fees on the Attorney Client Scale.
I the undersigned confirm that the above details are true and correct. I understand that I am responsible for full payment of my account as well as my dependent's accounts.

Full Name	***Signature***	***Date:***

Dr. M. Asmal
MBChB (UFS) CDE (Cert) AAAM (Dipl)

Dr. M.C Bosman
MBBCh (Wits) Dch

Dr. J. Cheung
MBChB (Wits)

Dr. L.T Wise
MBBCh (Wits) Dch Dip Obs

Dr. C. A Fernandes
MBBCh (Wits) Bsc Physio (Wits)

Dr. K.L Olivier
MBBCh (Wits) Dch

Dr. D.M Smith
MBBCh (Wits) Dch