

Pre-Admission Requirements

Title:	
First Names:	Surname:
ID/Passport:	
Procedure Date:	Dr:
Known Allergies:	

Residential Address:	
Postal Address:	

Occupation:	
Business Name:	
Business Address:	

Home Tel:	
Work Tel:	
Cell phone:	

<u>MEDICAL AID DETAILS</u>	
Medical Aid:	
Member no:	
Scheme option:	
Patient Dependant code:	
Authorization number:	

Next of Kin:	
Relationship:	
Contact Number:	
Friend/Relative:	
Contact Number:	

Person responsible for the Account (**Only if it is someone other than yourself**)

Title:	
First Names:	Surname:
ID/Passport:	
Relationship:	
Email Address:	

When done please e-mail to: admissions@clubsurgical.co.za

On the day of your procedure please enter via the 18th street Boom Gate and park on UB (level -1) BASEMENT and enter via the elevator to the ground floor for admission