Pre-Admission Requirements

0	Club
Surgical	Centre

Title:		Surgical Centr
First Names:	<u>.</u>	Surname:
ID/Passport:		<u> </u>
Procedure Date:		Dr:
Known Allergies:		<u> </u>
Residential Address:		
Postal Address:		
Occupation:		
Business Name:		
Business Address:		
Home Tel:		MEDICAL AID DETAILS
Home Tel: Work Tel:		
		MEDICAL AID DETAILS Medical Aid:
Work Tel:		Medical Aid:
Work Tel: Cell phone:		Medical Aid: Member no:
Work Tel: Cell phone: Next of Kin:		Medical Aid: Member no: Scheme
Work Tel: Cell phone: Next of Kin: Relationship:		Medical Aid: Member no: Scheme option:
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number:		Medical Aid: Member no: Scheme option: Patient
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number: Friend/Relative:		Medical Aid: Member no: Scheme option:
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number:		Medical Aid: Member no: Scheme option: Patient Dependant code: Authorization
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number: Friend/Relative:		Medical Aid: Member no: Scheme option: Patient Dependant code:
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Work Tel: Cell phone: Next of Kin: Relationship: Contact Number: Friend/Relative: Contact Number:	ccount (Only if i t	Medical Aid: Member no: Scheme option: Patient Dependant code: Authorization
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number: Friend/Relative: Contact Number:	ccount (Only if i t	Medical Aid: Member no: Scheme option: Patient Dependant code: Authorization number: t is someone other than yourself)
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number: Friend/Relative: Contact Number: son responsible for the A Title: First Names:	ccount (Only if i t	Medical Aid: Member no: Scheme option: Patient Dependant code: Authorization number:
Work Tel: Cell phone: Next of Kin: Relationship: Contact Number: Friend/Relative: Contact Number:	ccount (Only if it	Medical Aid: Member no: Scheme option: Patient Dependant code: Authorization number: t is someone other than yourself)

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

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