

DR. LIPALO MOKETE
FRCS (ENG) FRCS (ED) FC ORTH (S.A)



ORTHOPAEDIC SURGEON
ORTOPEDIËSE CHIRURG

1 PATIENT DETAILS / PASIËNT BESONDERHEDE

Surname Van		First Names Voorname		Mr/Mrs/Miss Mnr/Mev/Mej
Date of Birth Geboortedatum		I.D. Number I.D. Nommer		
Occupation Beroep		Home Language Huistaal	Marital Status Huwelikstatus	
Tel (H)	Tel (B)	Cell Sel	E-Mail E-Pos	

2 MEDICAL AID / MEDIËSE FONDS

Name Naam	Number Nommer
Member's Names Hooflid se Naam	

3 PERSON RESPONSIBLE FOR ACCOUNT / PERSOON VERANTWOORDELIK VIR REKENING

Surname Van		First Names Voorname		Mr/Mrs/Miss Mnr/Mev/Mej
ID Number ID Nommer				
Home Address Woonadres			Code Kode	
Postal Address Posadres			Code Kode	
Work Address Werksadres			Code Kode	
Tel (H)	Tel (B)	Cell Sel	E-Mail E-Pos	

4 NEAREST FAMILY / FRIEND / NAASTE FAMILIE / VRIEND

Name Naam			Relationship Verwantskap
Address Adres			Code Kode
Tel (H)	Tel (B)	Cell Sel	

5 REFERRED BY / VERWYS DEUR

Names Name	Tel
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6 INJURY ON DUTY / BESEERING AAN DIENS

Employer during injury Werkgewer tydens besering	
Date of Injury Datum van Besering	Claim Number Eisnommer

I understand that I am personally liable for full payment of the account in respect of services rendered by the Doctor and his practice.
 Ek verstaan dat ek persoonlik verantwoordelik is vir die volle betaling van die rekening vir dienste gelewer deur Dokter en sy praktyk.

NAME	SIGNATURE	DATE