



Minnaar Sedation

Minnaar Sedation (Pty) Ltd
REG NO: 2013/096441/07

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Telephone: 074 767 8325
Fax number: 086 552 0749

Booking form:

[Patients must please download, complete and email (info@minnaarsedation.co.za) / fax(086 552 0749) the following form prior to the procedure.]

PATIENT INFORMATION:

Title: _____ Surname: _____ First name/s: _____

Date of birth: ____/____/____ Age: _____

Gender: _____ Weight: _____kg Home language: _____

ACCOUNT DETAILS (PERSON RESPONSIBLE FOR THE ACCOUNT):

Title: _____ Surname: _____ First name/s: _____

I.D. number: _____

Home address: _____

Postal address: _____

Telephone: (Home) _____

(Work) _____

(Cell) _____

e-mail address: _____

PROCEDURE DETAILS:

Type of procedure: _____

Estimated time: _____

Date of procedure: ____/____/____

Time ____:____

DENTIST/DOCTOR DETAILS:

Name of Practice: _____

Name of Dentist/Doctor: _____

Address: _____

[Information can be obtained from your Dentist / Doctor]

MEDICAL AID		PRIVATE (CASH)	
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(Please mark with X)

MEDICAL AID DETAILS (FOR ACCOUNT PURPOSES ONLY):

Medical aid: _____

Medical aid number: _____

Main member: _____

Dependant code: _____

Authorisation number: _____

I, _____, the undersigned, hereby declare that the above information supplied is correct and I agree to comply with the terms and conditions of payment that appears on the Payment Information form.

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...../...../20....

(Signature of patient or person responsible for account)