GEORGE surgical centre
Private Day Hospital

STICKER

OFFICE USE ONLY

Attending Dr:		Date:	
		Theatre:	
Anaesthetist:		Account No:	
Authorisation:		Time Admitted:	
		Time Discharged:	
Procedure:			

PATIENT DETAILS

Title:		Initials:	
Surname:		Name:	
ID Number:		Tel No:	
Cell No:		Postal Address:	
Email Address:		Town:	
Employer:		Employer Tel No:	
Next of Kin:		Cell No:	

(for account purposes should we be unable to contact you)

I hereby accept email: ☐ YES ☐ NO I hereby accept sms: ☐ YES ☐ NO

communication to be sent to me in order to confirm appointment and convey general information

DETAILS OF MAIN MEMBER

Title:		Initials:	
Surname:		Name:	
ID Number:		Cell No:	
Postal Address:		Tel No:	
Town:		Employer:	
Email Address:		Employer Tel No:	

DETAILS OF MEDICAL AID

Name of Medical Aid:		Membership No:	
Option or Plan:		Patient Dependent No:	

TERMS AND CONDITIONS OF THE FACILITY

By signing this form, you acknowledge that you have understood and agreed to the following:

1. That you have received a copy of the terms and conditions (provided separately) and have had an opportunity to ask questions on aspects thereof that you were not certain about.
2. To abide by the terms and conditions of the hospital, in particular the provisions on the payments of accounts.
3. To always ask if you were uncertain about something. You can ask hospital staff or the doctor. If you keep quiet, we assume that you have understood everything and were in agreement with any processes, consents, policies or forms.

I also understand that George Surgical Centre is not liable for any loss or damage of the patient's personal belongings.

SIGNATURE DATE WITNESS