



PRE ADMISSION NO:	DATE :	TIME:	WARD:
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1. PATIENT DETAILS												
SURNAME												
FIRST NAME												
MALE	FEMALE	MARRIED	SINGLE	DIVORCED								
DATE OF BIRTH			Year	Month	Day							
ID NO												
HOME NO												
HOME ADDRESS												
						POSTAL CODE						
						LANGUAGE			NATIONALITY			
OCCUPATION												
RELIGION												
TREATING DOCTOR												
REFERRING / HOUSE DOCTOR												

2. MEDICAL AID DETAILS												
MEDICAL AID NAME												
MEDICAL AID NUMBER												
DEPENDANT CODE												
SURNAME, INITIALS & TITLE												
RELATIONSHIP TO PATIENT												
OCCUPATION												
EMPLOYER'S NAME												
EMPLOYER'S ADDRESS												
						POSTAL CODE						
TEL NO												
EMPLOYEE NO												
WCA DATE OF INCIDENT			Year	Month	Day							
AUTHORIZATION MED. AID / WCA												

3. GUARANTOR DETAILS (PERSON LIABLE FOR ACCOUNT)												
SURNAME, INITIALS & TITLE												
FIRST NAME												
ID NO												
POSTAL ADDRESS												
						POSTAL CODE						
						HOME NO						
WORK NO												
CELL NO												
EMAIL ADDRESS												

4. NEXT OF KIN DETAILS												
SURNAME, INITIALS & TITLE												
RELATIONSHIP TO PATIENT												
ADDRESS												
						POSTAL CODE						
						HOME NO						
WORK NO												
ALLERGIES												

THE ABOVE MENTIONED PATIENT OR GUARANTOR AGREES:

- That I or the patient is admitted to the clinic subject to and in terms of the standard terms and conditions. That I have read and fully understand the terms and conditions set forth as in the standard terms and conditions of admission (form 99(1)).
- To pay the clinic on demand, in cash, and without any deductions all amounts of whatsoever nature which the clinic may invoice to me as a result of or pursuant to me being admitted to the clinic and all or any treatment received by me there at.
- That I hereby choose as my Domicilium Citandi Et Executandi my home address set out in the "Patient Details & Person Liable For Account" above for all purposes arising out of or in connection herewith at which address all processes and notices arising out of or in connection herewith, its breach or termination may validly be served upon or delivered to me.

EXTENSION OF PRESCRIPTION

In the event of the Patient being admitted, and such admission being in relation to a claim by the patient against the Road Accident Fund in terms of the Road Accident Fund Act 56 of 1996, and/or a claim against the Compensation Commissioner in terms of the Compensation for Occupational Injuries Act 130 of 1993, and/or a claim against the Deceased Estate of the Patient, the parties agree to an extension of prescription with the effect that prescription in terms of the Prescription Act 68 of 1969 will only occur after the relevant authority has repudiated the Patient's claim against such body, alternatively the claim is unsuccessful and or Fails.

Signed at

on this

day of

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PATIENT

SPOUSE/GUARDIAN

WITNESS
