Dr Wessel G Pretorius & Dr JM Suter

Tandarts / Dental Surgeon
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NEW PATIENT - DETAILS

PRIVATE/CONFIDENTIAL

Mrs / Miss / Mr. / Son / Daughter / Dr.

For office use only:
Acc no:

Patient full name and surname.....
Date of birth.....ID number.....
Medical aid dependant code.....
Cell Phone / Contact numbers……..

Person responsible for the account: Mrs / Miss / Mr. / Dr.

Main member name and surname.....
Date of birth.....ID number.....
Name of Medical aid.....Medical aid no.....
Dependant code.....Medical plan/option.....

Home address.....
Area code.....Tel home.....
Tel work.....**E-Mail**……..
Cell ph. Number.....Employer.....

Postal Address.....Code.....

Name of family member or friend & contact no.....

Important:

I,....., undertake to settle my dental account in full should my medical aid not do so for any reason (for eg. not cover certain procedures and tariff codes).Furthermore, should a summons have to be issued to me for settlement of my account, I shall be responsible for any charges or interest to Dr. Wessel G Pretorius.
The full fee will be charged for all appointments not cancelled 24 hours in advance.

Signature*.....date.....*

Private patients to settle account on day of appointment please.

Please turn the page.....

Patient Medical History:

Tick should you have any of the following and specify.

High blood pressure	☐	Pregnant	☐	Latex allergy	☐
Heart problems	☐	Porphyry	☐		
Rheumatic fever	☐	Cholesterol	☐		
Asthma	☐	Diabetes	☐		
Chronic bronchitis	☐	Smoking	☐		
Liver problems	☐	Epileptic	☐		
Bleeder	☐	Prosthesis	☐		

Allergies / any medicines (e.g. Penicillin).....

….....

Other serious illness/disease.....

….....

Current medication (warfarin/heparin/aspirin).....

….....

Any operations.....

….....

Name and number of your GP.....

Signature of patient/parent/guardian.....

Please note: Quotations is valid for 30 days or duration of authorisation.
Co-payments payable on the day of treatment. No payment arrangements.
Proceeding with treatment and related costs remains the patient's choice.
Estimates may change due to clinical necessity.
We merely convey benefit information to our patients as we receive it from your medical aid.
We cannot guarantee payment 100%, or co-payment information 100%.
Patients make the final choice to proceed with treatment and should the medical aid short pay your claim, the patient remains liable for the outstanding amount.
We advise our patients to confirm benefits with their medical aid before commencing with treatment for their own peace of mind.
Please remember that an authorisation is **not** a guarantee of funds to our practice.
Claims are always subject to your medical aid rules and protocols.

Signature: ……..

IMPORTANT: Should you require our rooms to arrange authorisation for any dental procedure (for e.g. a crown) we ask a fee of R50 to cover all the administration between us and your medical aid. This is payable by the patient on the day of your consultation.
The patient is free to arrange their own authorisation and in so doing they do not have to pay the R50 fee.