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**PERSON RESPONSIBLE FOR PAYMENT / PERSOON VERANTWOORDELIK VIR BETALING**

TITLE INITIALS SURNAME  
TITEL.....VOORLETTERS.....VAN.....  
FULL NAME I.D. NUMBER  
VOLLE NAAM..... I.D. NOMMER.....  
MED. AID NAME MED. AID PLAN/OPTION NO.  
M. FONDS NAAM..... M. FONDS PLAN/OPSIE..... NR.....

**POSTAL ADDRESS / POSADRES**

.....  
.....  
.....  
CODE  
CELL/SEL

**RESIDENTIAL ADDRESS / WOONADRES**

.....  
.....  
.....  
CODE  
TEL.

E-MAIL ADDRESS.....

**EMPLOYER WERKGEWER**.....  
EMPLOYER'S ADDRESS / WERKGEWER ADRES  
.....  
.....  
CODE  
TEL.

**EMERGENCY CONTACT PERSON / NOOD KONTAKPERSONE**  
NAME & ADDRESS OF CLOSE FAMILY MEMBER OR FRIEND NOT RESIDING WITH YOU.  
NAAM & ADRES VAN 'N FAMILIE/VRIEND WAT NIE WOONAGTIG IS BY DIESELFDE ADRES NIE.  
.....  
.....  
CODE  
TEL. CELL/SEL

**DEPENDANTS/AFHANKLIKES**

Code Kode	NAME/NAAM	Geslag Gender	SURNAME/VAN	I.D. NO/NR. Date of Birth/Geboortedatum	ALLERGIES/ALLERGIE
00					
01					
02					
03					
04					
05					
06					
07					

I HEREBY TAKE FULL RESPONSIBILITY FOR EXPENSES INCURRED AT THIS PRACTICE BY MYSELF AND BY MY DEPENDANTS. I ALSO ACCEPT THAT OUTSTANDING DEBTS WILL BE COLLECTED WITH COSTS APPLICABLE TO ATTORNEY-CLIENT SCALE, AND THAT INTEREST WILL BE CHARGED AT PRIME LENDING RATE +3%, PER ANNUM ON ALL OUTSTANDING AMOUNTS.

HIERMEE AANVAAR EK, DIE ONDERGETEKENDE, VERANTWOORDELIKHEID VIR DIE MEDIESE ONKOSTES DEUR MYSELF, EN MY AFHANKLIKES, AANGEGAAN IN HIERDIE PRAKTYK.

EK AANVAAR OOK DAT UITSTAANDE SKULD INGEVORDER SAL WORD MET KOSTES OP 'N PROKUREUR-KLIËNTE SKAAL, EN DAT RENTE GEHEF SAL WORD TEEN PRIMA UITLEENKOERS +3%, PER JAAR OP ALLE UITSTAANDE BEDRAE.

SIGNED/GETEKEN..... DATE/DATUM.....