DR DAVID SEGAL INC

PAEDIATRIC ENDOCRINOLOGIST
MBBCH(WITS) FAAP(USA)
PR.NO. 0123897

WITS DONALD GORDON
MEDICAL CENTRE
18 ETON ROAD
PARKTOWN 2193

TEL. 011 726 0016
EMERGENCY. 072 517 0002
FAX. 086 689 0700
EMAIL. david@endo.co.za

Patient details **Gender of patient: Male / Female**

Surname	
Full names	
Date of birth / ID number	
Reason for Visit	

Person responsible for account /main member: Relationship: Mother / Father / Self/Guardian

Surname	
Full names	
ID Number	
Physical address	
Postal address	
Contact telephone numbers: Home	
Work	
Fax	
Email address	
Occupation and employer	
Preferred contact: (Mom / Dad / Self) Name & Cell phone 1	
Cell phone 2	
Medical aid: Must be completed fully Name	
Plan option	
Number	
Patient dependant code	
Referring Doctor: Name and contact number / fax number and address:	

I, the undersigned, understand that this practice is contracted out and charges private rates. I also understand that I am responsible for all fees and agree to settle all costs at the end of every visit.

Signed: _____ **Name in print: _____**

Date: _____/_____/_____