Paeds on Broadway

Dr Paul Keating
Paediatrician
MBChB, MMed (Paed)
PN: 0032328

Dr Paul Keating & Dr Zaheera Kajee

DETAILS OF NEWBORN/CHILD

Account No: *(for office use)*

First Name: Surname: Male/Female:

Date of Birth: Individual Dependent Code at Fund

Other Children on Our Records

Name: Date of Birth:

Name: Date of Birth:

MEDICAL AID DETAIL *(if applicable)* **AUTHORISATION NUMBER** *(if applicable):*

Name of Fund: Option: Member Number:

Main Member: ID Number:

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

Title: Initials: Surname:

First Name(s): ID Number:

Postal/Home Address: Postal Code:

Email Address *(for communication purposes):*

Home Tel No: Mobile *(Mom):* Mobile *(Dad):*

Employer Name: Work Address and Code:

Work Tel and Code:

CHILD'S MOTHER

Title: Name: Surname *(if different):*

CHILD'S FATHER

Title: Name: Surname *(if different):*

RELATIVE/FRIEND *(That can be contacted in emergencies)*

Name: Relationship: Tel and Code:

Address:

FAMILY DOCTORS

Referring Dr: GP:

PARENT/GUARDIAN AGREEMENT

- I confirm that the above information is correct and agree to notify any change within 14 days and to supply new data accordingly.
- I take full responsibility for the account.
- I agree to pay all money not paid by my medical aid.

SIGNATURE **DATE**

Address: 15 Broadway Street, Boston, Bellville, Cape Town, 7530 / Tel: 021 948 1751 / Whatsapp: 064 657 0898
reception2@paedsonbroadway.co.za / accounts@paedsonbroadway.co.za / Web: www.paedsonbroadway.co.za