17 David Carstens Street, Olympia, Windhoek
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OLYMPIA **EYE & LASER** CENTRE

Patient Detail Form

Main Member Details

File Number: OELC ..... OO .....

Surname: Mr / Mrs / Ms / Miss	Language Preference:
First Name:	Occupation
Date of Birth:	Name of Company / Employer:
ID No:	Home Address:
Marital Status:	P O Box:
Allergies:	
Telephone Home: Work: Cell:	
Email:	

Patient Details

Surname: Mr / Mrs / Ms / Miss	Language Preference:
First Name:	Occupation
Date of Birth:	Name of Company / Employer:
ID No:	Home Address:
Marital Status:	P O Box:
Allergies:	
Telephone Home: Work: Cell:	
Email:	

Medical Aid Details

Name of medical aid:	Medical Aid no:
Scheme plan:	Complimed no:

Contact of a relative or close friend

Name:	Cell:
Email:	

Referring Dr / Optometrist

Patient Agreement

I, the undersigned, confirm that all details above are correct and that I will inform the Practice within 14 days of any charges. If I belong to a Medical Aid, I will be held responsible for the account aged 90 days and over. I consent that any clinical data may be collected and analyzed. Please confirm below if we may send you your statement via E-mail. We prefer E-mail, if at all possible.

Signature _____ Date _____

How did you hear about us? _____

Please e-mail completed form to **bookings@eyedoc.com.na**