




OLYMPIA EYE & LASER CENTRE
 Address : 17 David Carstens Street, Olympia , Windhoek
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 E-Mail : bookings@eyedoc.com.na

Main member details	File Number		
	OELC		
	OO		
Surname : (Mr/Mrs/Ms/Miss)	Language Preference		
First name:	Date of birth:		
ID no:	Marital Status:		
Home Address:	P.O Box:		
Allergies:	Occupation:		
Name of company/Employer:			
Telephone			
Home:	Work:		Cell:
E-mail:			

Patient details			
Surname : (Mr/Mrs/Ms/Miss)		Language Preference	
First name:		Date of birth:	
ID no:		Marital Status:	
Home Address:		P.O Box:	
Allergies:		Occupation:	
Name of company/Employer:			
Telephone			
Home:	Work:		Cell:
E-mail:			

Medical Aid Details	
Name of medical aid:	Medical Aid no:
Scheme plan:	Complimed no:
Contact of a close friend or relative:	
Name:	Cell:
E-mail:	
Referring Dr / Optometrist:	
<p>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. Please confirm below if we may send you your statement via E-mail. We prefer E-mail, if at all possible.</p>	
Signature:	Date:
How did you hear about us?	
	

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