

064 462 202 | coastal.dental.clinic@gmail.com
Shop 3, Ocean View Spar, Swakopmund
For emergencies call: 081 360 3459
Pr No: 0540000630896



We would like to welcome you to our practice, and hope you have a positive experience.
PLEASE COMPLETE ALL SECTIONS OF FORM

PLEASE NOTE: N\$ 50 is payable on completion of form

PATIENT INFORMATION

Title:

First Names:

Surname:

Date Of Birth:

Id No:

Telephone No: (W)

(H)

Cellphone No:

Family Doctor:

Doctor Tel no:

Previous Dentist:

Work Address:

Email:

MAIN MEMBER/PERSON RESPONSIBLE FOR ACCOUNT

Title:

First Names:

Surname:

Date Of Birth:

Id No:

Telephone No: (W)

(H)

Cellphone No:

Email:

Postal Address:

Work address:

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MEDICAL AID DETAILS

Medical Aid Name:

Medical Aid Number:

Main Member:

MEDICAL HISTORY

(mark with a X where applicable)

I have a history of/or suffered from the following previously:

- ☐ Epilepsy
- ☐ Joint Problems
- ☐ Rheumatic Fever
- ☐ Lung Problems
- ☐ Liver disease
- ☐ Bleeding Problems
- ☐ Diabetes
- ☐ Sinus Problems
- ☐ Heart Problems
- ☐ Porphyry
- ☐ Kidney Problems
- ☐ Hormone Problems
- ☐ Pregnancy
- ☐ HIV infection
- ☐ Allergies
- ☐ Other:

Specific information on marked items:

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State all medicine or tablets currently taking:

I, the undersigned, hereby declare that:

The above information is true and correct.

The dental practitioner is indemnified against any claim resulting from treatment given on the strength of the above information

All accounts rendered for a dental services remains the responsibility of the patient receiving the treatment and shall be paid for in full.

- The patient will be responsible for any costs of legal fees in collection of outstanding monies on an attorney/client basis. He/she consents to a jurisdiction of the Magistrate's court in the case of any Litigation forthcoming from service rendered by the Dental Practitioner.
- It is the responsibility of the members to ensure their own medical insurance is adequate to make all payments required by Coastal Dental Clinic any outstanding amount is member's sole responsibility.
- All quotes must be discussed with own Medical insurance and agreed upon by own medical insurance, it is not the responsibility of Coastal Dental Clinic to ensure your medical insurance covers your treatment.

FINANCIAL POLICY:

Payment of account is due on completion of treatment. If any amount is not covered at this time as charge of 5 percent interest will be charged with the first statement sent out. And thereafter a monthly interest of 5% will be charged.

Debit/ credit facilities are available. NO cheques will be accepted.

PLEASE NOTE, if an appointment is not kept nor cancellation within an hour of such an appoint, a full consultation fee will be charged to your medical aid.

I the undersigned am fully aware that if my account reaches 120 days without an attempt to settle the amount, it will be assigned to a collection agency and I will become liable for any legal cost incurred.

Signature:

Date:

Click below to email form