Müller's Dental Studio

Harry Goemans Centre
151 Main Road Bergvliet,
7945
Tel:021 712 01 89
076 174 5832
Practice no: 0445509

Dr. R. L Müller
B.Ch.D.

Patient Details **Date**

Surname | First Name | Title :
Date of Birth | I.D. Number | Age:
Tel: | e-mail :
Cell : | Dependant code:

Person Responsible for Account

Title: Full name
Residential Address: Postal Code:
Employer
Employer address

Medical aid Details

Main member : Medical Aid Name :
Main member's I.D. Medicail Aid No:
Dependant Code:

Medical History (please answer all questions)

Name of Medical Doctor Contact no:

Ever been treated for heart disease, diabetes, epilepsy, rheumatic fever, TB, liver or digestive diseases?
If YES, please specify: Y/N

Any prolonged bleeding or blood disorders Y/N
Allergic to any medication? Please list Y/N
If relevant, are you pregnant Y/N
Any other illnesses? Please specify

PLEASE NOTE:

The private fees charged at this practice are higher than the scale of the medical aid societies.
In the event of the account being in arrears, the amount owing draws interest at the rate of 20% per annum. In addition postage and administration fees will be charged for reminders on outstanding amounts. The patient / member/ guardian is ultimately responsible for the outstanding account that is due for services rendered at this practice.

I…….. Hereby state that I understand the contents of this page and that the information supplied is correct. Signature:…….

BENEFIT CONFIRMATION: **BENEFIT CONFIRMATION:**

DATE			**DATE**	
AMOUNT			**AMOUNT**	
8101/8104			**8101/8104**	
8112/8107			**8112/8107**	
8159			**8159**	
8162			**8162**	
8110			**8110**	
FILLINGS			**FILLINGS**	
OTHER			**OTHER**	
REF.			REF	

BENEFIT CONFIRMATION:

DATE	
AMOUNT	
B/WINGS	
S&P	
FILLINGS	
FL	
PAN	
OTHER	
REF.	

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OTHER	
REF.	

CHARTING SHEET

Date	1st Quadrant	2nd Quadrant	3rd Quadrant	4th Quadrant
Date	1st Quadrant	2nd Quadrant	3rd Quadrant	4th Quadrant
Date	1st Quadrant	2nd Quadrant	3rd Quadrant	4th Quadrant
Date	1st Quadrant	2nd Quadrant	3rd Quadrant	4th Quadrant

Quotes

PATIENT :

DATE	TREATMENT	CODE	COST

Notes