DR GERHARD PIENAAR
ORTHOPAEDIC SURGEON

DR GERHARD PIENAAR INC
Orthopaedic Surgeon
MBChB, MMed(ORTHO), FC ORTH(SA)

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40 Park Drive, Central, Gqeberha (PE), 6001

PATIENT DETAILS

Surname:	First name:
ID/DOB:	Age:
Cell no:	Email:

PRINCIPAL MEMBER AND MEDICAL AID FUND DETAILS

Scheme name:	Plan type:
Membership number:	
Principal's Name, Surname:	
Principal Member ID:	
Principal's Cell and Email:	
Employer Name / Contact no:	
Gap Cover (YES/NO):	

POSTAL OR RESIDENTIAL

Address	
Postal Code	Tel No

REGULAR ATTENDING / REFERING FAMILY PHYSICIAN

Name	Tel No

I give permission to the following:

- That my ICD 10 (diagnostic code) may be shown on my account YES☐ NO☐
- That my clinical records, x-rays and pictures/scans may be used for research, congress presentations and journal articles
  YES☐ NO☐

You are responsible for settling this account.
This practice charges private rates and is only contracted in with Discovery Health.

I have read and accept the above conditions.

Date: ……..... Signature: ……...……