DR AHMED I HANSA
B.Ch.D (U.W.C.)
M.Ch.D.Ortho. (U.W.C.)
ORTHODONTIST
Practice Number: 6401031

DR HANSA
ORTHODONTICS

29 Ismail C Meer Street, Durban, 4001 | 9 Kensington Drive, Westville, 3629 | 031 309 5386 | info@drhansa.com

New Patient Information Form

Particulars of Patient

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ ID Number: _____

Age: _____ How did you find out about us: _____

Particulars of Person Responsible for Account

Title: _____ First Name: _____ Surname: _____

ID Number: _____

Relationship to Patient: _____

Residential Address: _____

Email: _____

Cellphone Number: _____

Telephone (Home): _____ Telephone (Work): _____

Medical Aid Name: _____

Medical Aid Plan: _____

Medical Aid Number: _____

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Employer: _____

Occupation: _____

Work Address: _____

Next of Kin

Next of Kin: _____

Next of Kin Contact Number: _____

Terms and Conditions

The responsible person hereby agrees as follows:

1. That he/she is liable for services rendered by the doctor to the patient and, to the extent that it is applicable, he/she is the parent/legal guardian of the person to whom the services were rendered;
2. To pay promptly the account of the doctor as rendered;
3. To settle the doctor's account timely and in full, as agreed, irrespective of contracts/agreements/arrangements he/she may have with any medical scheme or any third party;
4. Monthly fees are not per-visit fees; they are due regardless of the number of visits.
5. Additional fees may apply for retainers, appliance breakages, and other services not included in the initial treatment plan.

I agree to abide by the above terms and conditions.

Signature: _____ Date: _____