East Rand DentalStudio

NEW PATIENT
Information Form

Account Number ______

Welcome to East Rand Dental Studio

Please complete this form thoroughly. It will assist us greatly in our effort to provide the best dental treatment for you.

MAIN MEMBER

ID or Passport Number ______
Initials ______
Title ______
Surname ______
First Name ______

Passport Country ______
Phone ______
Email Address ______
Employer ______
Employer Phone ______
Relationship to Patient ______

Residential Address ______
Postal Code ______

Postal Address ______
Postal Code ______

CONTACT INFO

Cellular ______
Work Phone ______

Home Phone ______
Email Address ______

Residential Address ______
Postal Code ______

Postal Address ______
Postal Code ______

MEDICAL AID

Medical Scheme ______
Plan/Option ______
Membership Number ______

EMERGENCY CONTACT

Name and Surname ______
Phone ______
Relationship to Patient ______

DEPENDANTS

00 ______
01 ______
02 ______
03 ______
04 ______
05 ______
06 ______
07 ______

PATIENT INFO

Patient is Main Member ☐ (if yes, then you may skip this section)

Dependant Code ______

ID or Passport Number ______
Title ______
Initials ______
Surname ______
First Name ______

Passport Country ______
Date of Birth ______
Gender ______
Occupation ______
Employer ______

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PERSON RESPONSIBLE FOR PAYMENTS

Patient is Guarantor ☐ (if yes, then you may skip this section)

Main Member is Guarantor ☐ (if yes, then you may skip this section)

ID or Passport Number	______	Passport Country	______
Initials	______	Phone	______
Title	______	Email Address	______
Surname	______	Employer	______
First Name	______	Employer Phone	______
		Relationship to Patient	______

Residential Address ______

______ Postal Code ______

Postal Address ______

______ Postal Code ______

REFERRAL

Referred By ______

Referrer Phone ______

Family Doctor ______

Family Doctor Phone ______

PRIVACY POLICY

Any information is collected and maintained in accordance with the Protection of Personal Information Act (POPI Act) A copy of our privacy policy can be obtained online at www.eastranddentalstudio.co.za/privacy-policy. I have accurately completed and filled out all the information on the form, it is up to date and accurate to the best of my knowledge. I hereby give my authority for any treatment agreed upon by me, to be carried out by the dentists and their staff.

DENTAL IMAGERY

I authorise my dentist to take dental imagery of my teeth both before and after my treatment. I understand these images may be used in a practice portfolio to showcase examples of dental work to other patients, education on procedures, marketing and promotions which will be done on various platforms which includes but are not limited to our Website, Facebook, Instagram and TikTok. My identity will remain anonymous at all times. Dental imagery includes peri-apical xrays, panoramic xrays and dental photography.

PAYMENT TERMS

I acknowledge that I am personally responsible for settlement of this account in full. In the case of the medical aid not paying the account in full. I will be liable for the balance.

I agree to be liable for all the legal costs and / or collection costs arising in the event of failure to settle my account in full.

If any outstanding amount not paid by medical aid, I will be liable to pay the account either on or before my following appointment. I am aware that East Rand Dental studio is not responsible for authorisations not paid by my medical aid.

In a case where there is a delayed payment from the medical aid and/or shortfall for the treatment given, account is payable immediately. Please take note that 30 days will be given to settle account. If it is not met, patient liable will be handed over to our legal representatives.

Please note the patient is liable to obtain authorisation from the medical aid. The practice will not be liable for work completed if authorisation was not obtained.

Any work completed without authorisation will be paid full by the patient.

Patient name: ______

Signature: ______ Date: ______

(Parent/Guardian to sign if patient is a minor)