

THEATRE LIST

Email Booking Form



Please download this form to your computer and save it for future use. Complete the form and save it under a new name. Once completed, attach this new file to an email and mail to: reception@kilnerparkdayclinic.co.za

DOCTOR

Doctor's Name: _____ Email: _____ Theatre Date: dd / mm / yyyy

PATIENT 1

Theatre Start Time: 00:00 Theatre End Time: 00:00 Total Time: _____
Patient's Name: _____ Date of Birth: _____ *Double-click inside this block ↑ and just press 'enter' to calculate the Total Time*
Tel No: _____ Email: _____
Medical Aid Name: _____ Medical Aid Plan: _____ Dependant code: _____
Medical Aid No: _____ ICD Code: _____ Auth. No: _____
Procedure: _____
Main Member: _____ Co-Payment: R

PATIENT 2

Theatre Start Time: 00:00 Theatre End Time: 00:00 Total Time: _____
Patient's Name: _____ Date of Birth: _____ *Double-click inside this block ↑ and just press 'enter' to calculate the Total Time*
Tel No: _____ Email: _____
Medical Aid Name: _____ Medical Aid Plan: _____ Dependant code: _____
Medical Aid No: _____ ICD Code: _____ Auth. No: _____
Procedure: _____
Main Member: _____ Co-Payment: R

PATIENT 3

Theatre Start Time: 00:00 Theatre End Time: 00:00 Total Time: _____
Patient's Name: _____ Date of Birth: _____ *Double-click inside this block ↑ and just press 'enter' to calculate the Total Time*
Tel No: _____ Email: _____
Medical Aid Name: _____ Medical Aid Plan: _____ Dependant code: _____
Medical Aid No: _____ ICD Code: _____ Auth. No: _____
Procedure: _____
Main Member: _____ Co-Payment: R

PATIENT 4

Theatre Start Time: 00:00 Theatre End Time: 00:00 Total Time: _____
Patient's Name: _____ Date of Birth: _____ *Double-click inside this block ↑ and just press 'enter' to calculate the Total Time*
Tel No: _____ Email: _____
Medical Aid Name: _____ Medical Aid Plan: _____ Dependant code: _____
Medical Aid No: _____ ICD Code: _____ Auth. No: _____
Procedure: _____
Main Member: _____ Co-Payment: R