

# ONLINE ADMISSION

## Email Admission 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](mailto:reception@kilnerparkdayclinic.co.za)

### PATIENT DETAILS

Full Names: Last Name: Title: Mr Mrs Miss  
ID No: Age:  
Address:  
  
Cellphone No: Phone (H): Phone (W):  
Medical Aid Dependant Code: (i.e. 01):

### DETAILS OF FRIEND OR FAMILY MEMBER (not residing at the same address)

Initials: Last Name: Title: Mr Mrs Miss  
Address:  
  
Phone: Relation:

### DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT

Full Names: Last Name: Title: Mr Mrs Miss  
Postal Address:  
  
Postal Code: Email:  
Employer:  
Occupation:  
Cellphone No: Phone (H): Phone (W) :  
Medical Aid:  
Medical Aid Plan: Medical Aid Number:  
Main Member ID No:

### APPOINTMENT & BED RESERVATION MADE BY

Dentist/Doctor:  
Date of Procedure: Time of Procedure:  
Type of Procedure:  
Medical Aid Authorisation No: