



Dental Impressions

"dentistry as distinct as you are"

Shop 3F, Garden Centre, Broadacres Shopping Centre, Corner Cedar & Valley Road, Fourways

Tel: 011 465 9747 Emergency Contact Number: 082 555 6701 Fax: 086 425 4454

Dental Impressions Patient Indemnity Form

This Agreement/Contract is made between Dental Impressions ("The Practice") and "The Patient":

PATIENT DETAILS:

TITLE: _____ FIRST NAMES: _____ SURNAME: _____

ID NUMBER: _____ DATE OF BIRTH: _____

CONTACT DETAILS:

TEL (H): _____ TEL (W): _____ CELL: _____

ADDRESS: _____

E-MAIL: _____

MEDICAL AID DETAILS:

MEDICAL AID NAME: _____ MEDICAL AID NUMBER: _____

MAIN MEMBER: _____ MAIN MEMBER ID: _____

DEPENDANTS: FULL NAME AND DATE OF BIRTH

HOW DID YOU HEAR ABOUT US?: _____

DECLARATION

I, the undersigned, herewith declare that the above information is correct. I am aware that I am fully responsible for my account and I will settle any short-payments that my medical aid has not provided for upon completion of treatment. I am aware that I am responsible for checking with my medical aid that I have funds available. I am aware that the practitioner may charge interest on accounts settled after 30 days as well as any attorney fees, collection commission and tracing fees should my account be handed over for collection after 60 days.

Date: _____

Signature: _____

...where the smiles come standard

