KAREN J MILLER
CHIROPRACTIC

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PLEASE NOTE: THIS IS A CASH PRACTICE. PLEASE PAY BY CASH, CARD OR ZAPPER AT THE TIME OF TREATMENT. YOU WILL BE ISSUED WITH A MEDICAL AID CERTIFICATE WHICH YOU MAY SEND TO YOUR MEDICAL AID FOR REIMBURSEMENT. APPOINTMENTS NOT CANCELLED WITHIN 3 HOURS OF CONSULTATION WILL BE CHARGED FOR IN FULL. PLEASE NOTE IF CONSULTATION IS NOT SETTLED ON THE DAY OF CONSULTATION, THEN THE PAY-ON-THE-DAY DISCOUNTED FEE WILL NOT APPLY.

Details of Patient

Title ……Surname ……..

First Name …….. ID Number ……

Telephone (H) …… (B) …….. (Cell) ……

Email Address ……

Postal Address ……

Residential Address ……..

How did you hear about us? …….

Next of kin in case of emergency……..Relationship……..

Telephone number of next of kin……

Person responsible for account / Main Member of Medical Aid

Title……Surname ……First Name ……

ID Number ……

Telephone (H) …… (B) …….. (Cell) ……

Postal Address ……..

Residential Address ……..

Place of employment……Address……

Medical Aid / Private

Medical Aid Name …… Membership Number ……..

Main member…….. Dependent Code……

Declaration: I undertake to keep the practice informed of any change of address and other pertinent details.

Signature ……..…… On this the …… day of …… 2022.

FACE MASK: For your own safety and the safety of our staff and other persons in the Gillitts Medical Centre, you are required to wear a face mask for the full duration of the time that you are on the premises.