

OPNAMEVORM / ADMISSION FORM

| | | | | | | | | |
|---------------------------------------|--|-------------|--|---------------------|-----------|-----------|------------------|---|
| Rapporteur asb op Please report on | | Tyd Time | | Deposito Deposit | Ja Yes | Nee No | Bedrag Amount | R |
| Oftalmoloog / Ophthalmologist | | | | | | | | |

PASIËNTBESONDERHEDE / PATIENT'S DETAILS

| | | | | | | | |
|----------------------------------|---|------------------------|------------------------------|-------------------------|------------|------------------------|--|
| Van / Surname | | Voorletters / Initials | | Titel / Title | | | |
| Volle name / Full names | | | | Afr | Eng | | |
| Geboortedatum Date of Birth | | Ouderdom Age | | Kerkverband Religion | | | |
| Woonadres Residential address | | | | Poskode Postal code | | | |
| Posadres Postal address | | | | Poskode Postal code | | | |
| Tel Nr. / Tel No. | H | | W | | Sel / Cell | | |
| ID Nr. / ID No. | | | Nasionaliteit Nationality | | | Allergieë Allergies | |
| Beroep Occupation | | | Werkgewer Employer | | | | |

PERSOON/INSTANSIE VERANTWOORDELIK VIR REKENING / PERSON/INSTITUTION RESPONSIBLE FOR ACCOUNT

| | | | | | | | |
|-------------------------------------|---|------------------|---|----------------------|------------------------|-----------------------------------|--|
| Mediesefonds Medical scheme | | Nommer Number | | Opsie Option | | Afhanklike kode Dependant code | |
| Hooflid Member | | Titel Title | | ID Nr. ID No. | | | |
| Posadres Postal address | | | | | Poskode Postal code | | |
| Werkgewer / Employer | | | | Beroep Occupation | | | |
| Werkgewer adres Employer address | | | | | | | |
| Tel Nr. / Tel No. | H | | W | | Sel / Cell | | |

MAGTING / AUTHORISATION

| | | | | | |
|--|--|-------------|--|---------------|--|
| Magtigingsnommer Authorisation number | | Dae Days | | Datum Date | |
| Persoon wat magtiging gee Person giving authorisation | | | | | |
| Voorlopige Diagnose Provisional Diagnosis | | | | | |
| I.C.D Kodes / I.C.D Codes | | | | | |

PERSOON WAT NIE BY U INWOON NIE / PERSON NOT RESIDING AT THE SAME ADDRESS

| | | | | | |
|--|---|--|---|------------------------|------------|
| Naam en Van / Name and Surname | | | | | |
| Adres / Address | | | | Poskode Postal code | |
| Tel Nr. / Tel No. | H | | W | | Sel / Cell |
| Verwantskap / Relation | | | | | |
| Naam & Tel. Nr. van persoon wat pasiënt afhaal Name & Tel. No. of person fetching patient | | | | | |

Posbus / PO Box 56184 • Arcadia • 0007
Schoemanstraat 630 Schoeman Street • Arcadia •
0083
Pretoria • Suid-Afrika / South Africa
Tel: (012) 427 0000 • Fax: (012) 344 4541



PRETORIA OOGINSTITUUT
PRETORIA EYE INSTITUTE

PLEASE NOTE THAT THE TIME YOU ARE ADMITTED AND YOUR POSITION ON THE THEATRE LIST WILL NOT NECESSARY BE THE TIME YOUR OPERATION WILL TAKE PLACE

PRE-ADMISSION

Please report at least 48 hours before your operation for pre-admission on the 2nd floor, room 246 so that a patient file can be opened and details concerning your operation can be discussed and completed.

If seen at one of our satellite practices, please complete this form and fax it to 0865919910 or e-mail of preadmissions@eyeinstitute.co.za .

OPERATION DAY

Please report to the **THIRD FLOOR** for your hospital admission.

PLEASE BRING THE FOLLOWING WITH YOU

- Your identity document (or any other proof of identity)
- Your medical aid card (if applicable)
- All medication that you are currently taking at home

Please note that your hospital account does not include any services by the doctor, anaesthetist, pathologists, etc. These services will be billed independently by these service providers.

NEEM ASSEBLIEF KENNIS DAT U OPNAME TYD OF U POSISIE OP DIE TEATERLYS NIE NOODWENDIG DIESELFDE SAL WEES AS U OPERASIE TYD NIE

VOORAFOPNAME

Meld asseblief aan vir voorafopnames by die 2de vloer, kamer 246, ten minste 48 uur voor u operasie sodat 'n pasiëntleêr oopgemaak kan word en besonderhede omtrent u operasie bespreek en voltooi kan word. Indien u by een van ons sateliet praktyke gesien is, voltooi asseblief hierdie vorm en faks dit na 0865919910 of e-pos na preadmissions@eyeinstitute.co.za ten minste 24 uur voor u opname dag.

DAG VAN OPERASIE

Meld asseblief aan op die **DERDE VLOER** vir opname.

BRING ASSEBLIEF DIE VOLGENDE SAAM

- U identiteitsdokument (of enige ander bewys van identiteit)
- U mediese fondslidmaatskapkaart (indien van toepassing)
- Alle medikasie wat u tans by die huis gebruik

Let wel dat die hospitaal rekening sluit nie die dienste wat u dokter, narkotiseur, pataloë, ens lewer in nie. U sal afsonderlike rekeninge direk vanaf hulle ontvang.