



DR DIRK NELL Knee Surgeon

MB, ChB(Stell), FC Orth(SA), MMed(Orthop)(Stell)

Please note:

You are personally responsible for the account
Private fees are charged
Consultation fees are payable after the consultation

Patient details:

Surname _____ Name _____
Initials _____ Titel _____
ID nr _____ Birth date _____
Tel (H) _____ Tel (W) _____
Cell _____
Referring doctor _____

Person responsible for the account:

Surname _____ Name _____
Initials _____ Title _____
ID nr _____ Birth date _____
Postal address _____ Home address _____

E-mail _____
Tel (H) _____ Tel (W) _____
Cell _____ Fax nr _____

Medical aid details:

Name of medical aid _____ Number _____
Type of plan _____

Signature _____ **Date** _____