

Attention: Dr. F.A. Nieuwoudt has a patient stop!

DECLARATION OF REGISTRATION WITH A GP FOR CHILDREN UNDER 16 YEARS.

**HUISARTSENPRAKTIJK OOSTELIJK BOLWERK
VAN STEENBERGENLAAN 29
4531 HL TERNEUZEN
TEL: 0115-626036
E-mailaddress :info.praktijkbolwerk@ezorg.nl
Website: www.medischcentrumepicurus.nl/huisartsenpraktijk**

Undersigned :

Name (M/V):		
Initials:		
Date of birth:		
Identification number (BSN):		
Full address:		
Telephone number		
E-mail address:		
Health insurance:		
Insurance number:		
Proof of identity en number:	Passport :	
	Proof of identification :	
	Drivers license:	
	Residence document:	
Choice of doctor:	<input type="radio"/> S.A.F. Razavy, you will be put on the waiting list <input type="radio"/> J. Bosman, you will be put on the waiting list	

Make sure you fill in everything completely!

Consent of both legal representatives are required!

If there are several registrations from the same home address, please submit the papers together.

Your medical files will then be organised together under one residence.

You hereby give permission for registration and retrieval of your medical file from you previous GP.

Place:.....

Date.....

1. Signature:..... Name:..... ID:.....

2. Signature:..... Name:..... ID:.....

After your introduction meeting you will be registered with the Landelijk Schakelpunt, more information about this can be found on our website and at www.volgjezorg.nl

Please tick this box if you do not consent to this.

You will only be registered as a patient of the GP after the introduction meeting. If you are currently not registered with a GP nearby, you are requested to contact the accident service on 0115-616262 for urgent medical problems.

Do not forget to unsubscribe from you previous GP after the introduction.