

CERTIFICATE OF REGISTRATION WITH A GENERAL PRACTITIONER

**HUISARTSENPRAKTIJK OOSTELIJK BOLWERK
VAN STEENBERGENLAAN 29
4531 HL TERNEUZEN
TEL: 0115-626036**

E-mail : info.praktijkbolwerk@ezorg.nl

Website: www.medischcentrumepicurus.nl/huisartsenpraktijk

Last name (M/F):		
Initials:		
Date of birth:		
BSN (personal no.):		
Full address:		
Telephone:		
Email:		
Healthcare agency:		
Insurance number:		
Species identification and number:	Passport :	
	ID :	
	Driver's license :	
	Aliens document:	
Doctors choice:	<input type="radio"/> S.A.F. Razavy <input type="radio"/> J. Bosman <input type="radio"/> F.A. Nieuwoudt	

Make sure you fill in everything completely!

If there are multiple registrations at the same home address, hand in the papers together.
Your files will then be placed in one housing association.

You hereby consent to registration and retrieval of your file from your previous GP

Place: Terneuzen Date:

Signature.....

After your introductory meeting you will be registered with the LSP, more information can be found at our website and at www.volgjezorg.nl

- Check this box if you do not consent to this.

Only after the introductory meeting you will be registered as a patient of the GP, if you currently do not have a GP nearby, you are requested to contact the accident service for urgent medical problems at 0115-616262

Do not forget to unsubscribe from your previous doctor after the introduction.