

I, the undersigned, do hereby declare that I am currently a registered member/dependant of PSEMAS

Main member Surname _____ Initials _____

Member number _____ Ministry _____

Patients Date of Birth ____/____/____ Patients Name _____

I hereby confirm that treatment / medical service was provided by above medical practitioner to the above patient.

Signature of Member/Dependant/Guardian _____

FOR OFFICE USE ONLY

I, the undersigned, hereby confirm that I have seen the provided treatment/medical service to the above patient and verified the identity of the patient on ____/____/____.

Signature of Doctor / Receptionist / Radiographer _____

Partners: Jean van Rooyen, Pierre le Roux, Paddy Murphy, Johan Venter, Ryan Volker, Marco van der Merwe & Faiz Petkar.
Associate Partner: Willie Davel. Assistants: Hèdi Boonzaier-Botha & Jacques le Roux.

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