LADY POHAMBA
private hospital

Lady Pohamba Private Hospital (Pty) Ltd
C/O Frankie Fredericks & Ombika Drive
P.O.Box 35458 Kleine Kuppe, Windhoek
Tell switchboard: 0833359000 Emergency: 0833359040
PR 058 000 0615625

ADMISSION FORM

ADMISSION INFORMATION

Date: _____/_____/_______ Time: _______: ______

Date of Procedure	
Admitting Doctor	
Procedure/Diagnosis	

PRINCIPAL MEMBER OF MEDICAL AID / PERSON RESPONSIBLE FOR ACCOUNT

Title	Mr.	Mrs.	Miss.	Dr.	Prof.
Surname					
First Name					
Residential Address	Erf/Unit No:		Street Name:		
	Suburb:		Town:		
Postal Address	P.O. Box:	Suburb:		Town:	
Contact Details	Work:	Home:		Cell:	
Email Address					
Identification	ID Number:		Passport No:		
Occupation			Employer:		
Address of Employer					
Relationship to Patient					

MEDICAL AID INFORMATION

Medical Scheme		Patient Member Number:
Authorization Number		

PATIENT INFORMATION

Title	Mr.	Mrs.	Miss.	Dr.	Prof.	Minor
Surname						
First Name						
Date of Birth			ID / Passport			
Marital Status	Married:	Single:	Divorced:		Widowed:	
Religion /Denomination						
Occupation			Employer:			
Nationality			Language :			
Residential Address	Erf/Unit No:		Street Name:			
	Suburb:		Town:			
Postal Address	P. O Box:	Suburb:		Town:		
Contact Details	Work:	Home:		Cell:		
Email Address						

NEXT OF KIN

Name and Surname		
Relationship to patient		
Next of Kin Contact	Cell:	Email:

I, the undersigned confirm that the above information, is true and correct.

______________________________________ ______________________________

Guarantor Signature (Person responsible for account) / Patient   Print Name, Surname & ID Number