

REGISTER NOW FOR THE MEDI-CLINIC Senior PROGRAMME

Please provide us with the following information so you can benefit fully from the **MEDI-CLINIC Senior Programme**:

Title:

Full name:

Surname:

Telephone:

Cellphone:

Postal address:

.....

ID number:

E-mail:

Medical scheme:

Membership number:

Next of kin:

Contact number:

Relationship:

We look forward to welcoming you to the **MEDI-CLINIC Senior Programme.**

After completing this form, fax it (to e-mail) to **086 681 2134** (only applicable in South Africa), or hand it in at the Client Services Department or at Reception.

We can send relevant information to you by post or sms. This would include invitations to medical discussions, health information and membership benefits.

Please send me information. Yes No

Signature:

Date:

MEDI-CLINIC Senior: P.O. Box 3948, TygerValley, 7536



MEDI-CLINIC
Private hospital group

Committed to Quality Care