



**WELKOM**  
Medical Centre

## PRE-ADMISSION FORM/ VOOROPNAMEVORM

Praktyknommer / Practice nr. 0399337

**For completion by doctor/ Moet deur dokter ingevul word**

CPT4 ..... ICD10 ..... BHF .....

Diagnosis and Procedure/ *Diagnose en Prosedure*  
.....

Date of operation/ *Datum van operasie* .....

Patient/ *Pasiënt* .....

**Please obtain an authorisation number from your Med Aid  
*Verkry asb 'n magtigingsnommer vanaf u Mediese Fonds***

Auth Nr ..... Contact Person at Med Aid .....  
*Magt Nr* ..... Kontakpersoon by Med Fonds .....

Date phoned/ *Datum geskakel* .....

**Please open your file at Welkom Medical Centre at least 48 hours before your operation  
Open asb u lêer by Welkom Medical Centre ten minste 48 uur voor u operasie**

**Medical Aid Membership Card and ID document must be produced upon admission  
Pasiënte moet by opname hul Mediese Fonds Lidmaatskapskaart en ID-dokument toon**