Rhino Park Private Hospital

Tel: (061) 375 000 • Fax: (061) 375 001
Rhino Street, Rhino Park • PO Box 8177, Bachbrecht,
Windhoek, Namibia 10007

PATIENT STICKER

PERSONAL DETAIL OF PATIENT

Surname: _____ First Names: _____

Date of Birth: _____ Sex: M / F Patient ID no: _____ Marital Status: _____

Allergies: _____ Language: _____

Occupation: _____ Religion: _____

E-mail Address: _____ Cell: _____

Employer Name: _____ Tel no. (w): _____

Employer Address: _____

PERSON RESPONSIBLE FOR ACCOUNT / PRINCIPAL MEMBER OF MEDICAL AID

Surname: _____ Mr. / Mrs. / Miss. First Name: _____ Initials: _____

Home Address: _____ Postal Address: _____

_____ _____

Home Tel: _____ Cell.: _____ Work Tel: _____

Employer Name: _____ Occupation: _____

Employer Address: _____

ID / Passport: _____ E-mail Address: _____

Attending Doctor: _____ Family Doctor: _____

Medical aid & Scheme: _____ Member number: _____

I have Complimed Gap Cover: Yes / No Complimed number: _____ (Not applicable for OPD)

DETAILS OF NEXT OF KIN (Not the same as the principal member)

Name: _____

Tel. No: (w) _____ Cell: _____

E-mail: _____

Postal Address: _____

_____

Relationship to Patient: _____

Name: _____

Tel. No: (w) _____ Cell: _____

E-mail: _____

Postal Address: _____

_____

Relationship to Patient: _____

Please email this completed form to reception2@hospital.com.na or whatsapp a picture to +264 61 375 056