Huisarts Praktijk
Nadia Demidova

DECLARATION OF REGISTRATION at GP

Name …… Gender **M/F**
Address …… Tel.nr.:……..
Zipcode …… Email:…….
Residence …… Birthplace:
Date of birth ……..
Health insurer: ……
Insured number:…….
New pharmacy:…… BSN (sofinummer):……..

Hereby declares that he / she is per …… (enter date) if patient is registered with:

Huisarts(praktijk)	**N.V. Demidova**
Adres	**Haagsteeg 20**
Plaats	**6708 PM Wageningen**
AGB-code zorgverlener	**01100102**
AGB-code praktijk	**58983**

Do you give permission to share your medical records with other healthcare providers? Y/ N

The undersigned hereby gives permission to request medical data:

PLEASE CONTACT YOUR FORMER DOCTOR THAT YOU GIVE PERMISSION AS SOON AS POSSIBLE. NOT UNTIL WE RECEIVE THE INFORMATION WE CAN MAKE YOUR 1st CONSULT.

Name of previous doctor: ……
Address: ……
Tel: …… Fax: ……

Place: **Wageningen** Date: ……

Signature ……

Registration of any partner and / or children:

Name	Date of birth	M / F	BSN	Insurance details Name / insured number	Mobile and email