

Registration form General Practice

Huisarts Praktijk
Nadia Demidova



Name:

Gender:

Adress:

Tel.nr.:

Zipcode:

Email:

City:

Birth City:

Date of birth:

Health insurance:

Insurance number:

Pharmacy:

BSN :

The patient hereby declares that as of (fill in date) they are registered with:

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

Previous GP:

The undersigned hereby consents to requesting medical records from the previous GP:
YES/NO

The undersigned hereby consents to the healthcare provider making data available to the National Switching Point (LSP): YES/NO

Signature: