

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 :
Phone number of contact person (in case of emergency):

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 See brochure for more info): YES/NO

Signature: