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 : .....

Name + tel. nr: 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: