

confidential/vertroulik

dr hester van der walt

mb chb (us) dkg/dch mmed (ped/paed) (ovs/ofs)

weskus pediatrie / west coast paediatrics

this practice is POPIA and PAIA compliant

21 voortrekker str, vredenburgh, 7380; tel 0227135149, fax per email, admin@pediater.co.za, www.pediater.co.za
pr 0377597, mp 0279102, sama 11741, vat 4530258856, registration 2013/207395/21

**AMENDMENTS - VERANDERINGS
PASIENT/DOKTER OOREENKOMS
PATIENT/DOCTOR CONTRACT**

TERMS AND CONDITIONS

Please read this document carefully, and sign if you fully **AGREE WITH & UNDERSTAND**

PERSONAL INFORMATION PROVIDED IN THIS DOCUMENT WILL BE TREATED ACCORDING TO THE [PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013](#) AND OTHER ACTS, CODES AND REGULATIONS GOVERNING THE HEALTHCARE PROFESSION ([FOR INSTANCE](#)) AND MUST BE READ WITH OUR [PRIVACY POLICY](#)

I, [full names and surname, print please!].....

an adult person (18 years or older) / the parent or legal guardian of a child younger than 12 years of age / a child 12 years or older (delete what is not applicable) herewith declare that I am the signatory of the original patient/doctor contract regarding the patient mentioned hereunder or that I have the written consent of the original signatory to make amendements or alterations to the contract. I further acknowledge that I am aware of all clauses of the original contract and that I am legally bound by them - if I am in doubt a copy of the original contract is at my disposal and I have access to it.

FULL NAMES OF PATIENT **AND** DATE OF BIRTH **AND** FILE NUMBER OF WEST COAST PAEDIATRICS

I wish to change/add or amend the following particulars on the above mentioned contract in order to bring it up to date:

FULL NAMES IN BLOCK LETTERS, SIGNATURE AND DATE

SLEGS DEUR JESUS CHRISTUS!
THROUGH JESUS CHRIST ALONE!