

APPLICATION FORM

General Practice van Baerle
Dr. E. R. de Jager
Van Baerlestraat 57 sous - 1071 AR - Amsterdam tel.
020-6627125 - fax. 020-6641179
AGB-code practice: 57988

This enrolment form is also a patient statement of registration in this medical practice and can be used as a request for correction of medical invoices.
The patient states to be registered with the above general practitioners in his/her name, together with his/her family members (if applicable).

Name	Date of birth	BSN no
1 M/F
2 M/F
3 M/F
4 M/F

Health insurer:

Policy 1 2
3 4

Street Zip code

Telephone/mobile

Email

Pharmacy

*Dear previous doctor,
The personal data below belong to a patient or to patients from your practice, who has/have now transferred. The date of registration in our practice is listed below. If you are still in possession of medical data, please forward these to us.*

Previous doctor

Street and postal code

Town

Telephone *Fax:*

Date:

Signature:

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