

ETHEKWINI HOSPITAL & HEART CENTRE

(Practice No. : 0305251)

PRE-ADMISSION DOCUMENT			
DATE OF ADMISSION			
AUTHORISATION DETAILS			
PATIENT DETAILS			
SURNAME			TITLE
FIRST NAME			MARITAL STATUS
I.D / PASSPORT NUMBER		DATE OF BIRTH	
POSTAL ADDRESS			
RESIDENTIAL ADDRESS			
CONTACT NO.(HOME)		FAX	
CONTACT NO.(WORK)		MOBILE	
E-MAIL			
MEDICAL AID NAME		OPTION	
MEDICAL AID NUMBER		DEPENDANT. CODE	
EMPLOYER		OCCUPATION	
NEXT OF KIN		CONTACT NO.	
ADMITTING DIAGNOSIS OR (ICD10)		PROCEDURE CODES	
ADMITTING DOCTOR & PRACTICE NUMBER		REFERRING DOCTOR	
MAIN MEMBER / GUARANTOR DETAILS IF DIFFERENT FROM PATIENT			
SURNAME			TITLE
FIRST NAME			MARITAL STATUS
I.D / PASSPORT NUMBER		DATE OF BIRTH	
POSTAL ADDRESS			
TEL. NO:(HOME)		FAX	
TEL.NO:(WORK)		MOBILE	
E-MAIL			
EMPLOYER		OCCUPATION	

Please return to: Fax 086 212 8651 / email: preadm@ehhc.co.za

Pre-Admission Enquiries: 031 581 2628