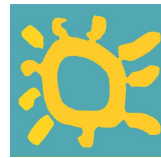


THEATRE LIST

Email Booking Form



KILNERPARK DAY HOSPITAL

Please download this form to your computer and save it for future use. Complete the form and save it under a new name. Once completed, attach this new file to an email and mail to: reception@kilnerparkdayclinic.co.za

DOCTOR

Doctor's Name:

Email:

Theatre Date: dd / mm / yyyy

PATIENT 1

Theatre Start Time:

00:00

Theatre End Time:

00:00

Total Time:

Patient's Name:

Date of Birth:

Double-click inside this block ↑ and just press 'enter' to calculate the Total Time

Tel No:

Email:

Medical Aid Name:

Medical Aid Plan:

Dependant code:

Medical Aid No:

ICD Code:

Auth. No:

Procedure:

Main Member:

Co-Payment: R

PATIENT 2

Theatre Start Time:

00:00

Theatre End Time:

00:00

Total Time:

Patient's Name:

Date of Birth:

Double-click inside this block ↑ and just press 'enter' to calculate the Total Time

Tel No:

Email:

Medical Aid Name:

Medical Aid Plan:

Dependant code:

Medical Aid No:

ICD Code:

Auth. No:

Procedure:

Main Member:

Co-Payment: R

PATIENT 3

Theatre Start Time:

00:00

Theatre End Time:

00:00

Total Time:

Patient's Name:

Date of Birth:

Double-click inside this block ↑ and just press 'enter' to calculate the Total Time

Tel No:

Email:

Medical Aid Name:

Medical Aid Plan:

Dependant code:

Medical Aid No:

ICD Code:

Auth. No:

Procedure:

Main Member:

Co-Payment: R

PATIENT 4

Theatre Start Time:

00:00

Theatre End Time:

00:00

Total Time:

Patient's Name:

Date of Birth:

Double-click inside this block ↑ and just press 'enter' to calculate the Total Time

Tel No:

Email:

Medical Aid Name:

Medical Aid Plan:

Dependant code:

Medical Aid No:

ICD Code:

Auth. No:

Procedure:

Main Member:

Co-Payment: R