

Spineworx Chiropractic

Dr Francois Botha & Dr Tracey Hutchings

ROOMS:

68 LINK ROAD
WATERFALL
3610

POSTAL ADDRESS:

68 Link Road
Waterfall
3610

PLEASE NOTE:

**WE ARE A CASH PRACTICE AND DO NOT CLAIM FROM MEDICAL AID
FOR ANY REASON WHATSOEVER
CANCELLATION OF APPOINTMENTS MUST BE MADE AT LEAST 3 HOURS PRIOR TO
CONSULTATION TIME OR SESSION WILL BE CHARGED FOR
ALL PATIENTS ARE TO SETTLE THEIR BILL ON DAY OF CONSULTATION**

PATIENT:

Surname: _____

Full Names: _____

Title: _____ Date of birth: _____

ID No: _____

Home Address: _____

Postal Address: _____

Tel Home: _____ Cell phone: _____

Tel Work: _____ Email: _____

ALLERGIES: _____

ACCOUNT DETAILS (of Main Member of Medical Aid of person responsible for account):

Surname: _____

Full Names: _____

Date Of Birth: _____

ID No.: _____

Postal Address: _____

Employer: _____

Medical Aid: _____ No: _____

Main Member Dependant Code: _____ Patient Dependant Code: _____

Medical Aid Scheme Plan: _____

Disclaimer

I am aware that although the incidence of complications associated with Chiropractic services is very low, anyone undergoing manipulative procedures, physical therapy or rehabilitation should know the possible hazards and complications which may be encountered or result. These include, but are not limited to, fracture, disc injuries, strokes, dislocations, sprains, and those aberrations unknown or reasonably undetectable by the doctor.

Signature: _____

Date: _____