MEDISCH CENTRUM
de Artsenij

Declaration of registration with:

O A.H. Bollongino
O E. Faber/ A. Bennink
O F.M.G.M. Oostendorp
O N.A. MacLeod

The undersigned hereby declares registration with the above general practitioner in his/her name, with (if applicable) his/her family members.

1	**First name and initials**	
	Last name (and if applicabe, maiden name)	
	Date and place of Birth	
	Gender	☐ Female ☐ Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	

2	**First name and initials**	
	Last name (and if applicabe, maiden name)	
	Date and place of Birth	
	Gender	☐ Female ☐ Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	

Addres: -- Housenumber: --

Postal code: -- City: --

Pharmacy: -- ☐ Passport ☐ Driver license ☐ Other:

Previous GP: -- ID nummer: --

Hereby, i give my permission to my previous GP to send my medical file to MC de Artsenij.

O ***YES,*** *I do give permission to MC de Artsenij to share my medical file with the LSP. I am aware what het LSP contains.*

O ***No****, I do not give permission to MC de Artsenij to share my medical file with the LSP. I am aware what the LSP contains.*

Signature: **Date:**

Please note: if more members of one family are registered with the same GP, we need the following information from each individual member of the family: date of birth, registration number and BSN number. However, we only require one signature on this form.

Declaration of registration – continued

MEDISCH CENTRUM de Artsenij

3	First name and initials	
	Last name (and if applicabe, maiden name)	
	Date and place of Birth	
	Gender	☐ Female ☐ Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	

4	First name and initials	
	Last name (and if applicabe, maiden name)	
	Date and place of Birth	
	Gender	☐ Female ☐ Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	

5	First name and initials	
	Last name (and if applicabe, maiden name)	
	Date and place of Birth	
	Gender	☐ Female ☐ Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	