

**Declaration of registration with:**

- W.H. van Bleek  
 E. Faber/ A. Bennink  
 F.M.G.M. Oostendorp  
 N.A. MacLeod

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

<b>1</b>	<b>First name and initials</b>	
	<b>Last name (and if applicabe, maiden name)</b>	
	<b>Date and place of Birth</b>	
	<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
	<b>Phone number</b>	
	<b>Email</b>	
	<b>Health insurance</b>	
	<b>Registration number insurance (relation number)</b>	
	<b>BSN number (Dutch social security number)</b>	

<b>2</b>	<b>First name and initials</b>	
	<b>Last name (and if applicabe, maiden name)</b>	
	<b>Date and place of Birth</b>	
	<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
	<b>Phone number</b>	
	<b>Email</b>	
	<b>Health insurance</b>	
	<b>Registration number insurance (relation number)</b>	
	<b>BSN number (Dutch social security number)</b>	

Adress: \_\_\_\_\_ House numer : \_\_\_\_\_

Postcode: \_\_\_\_\_ City : \_\_\_\_\_

Pharmacy: \_\_\_\_\_  Passport  driver licensen  Other:

Previous GP : \_\_\_\_\_ ID number: \_\_\_\_\_

Contactdetails in case of emergency: \_\_\_\_\_

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

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