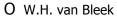
Declaration of registration with:



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)	
Adress: House		numer:
Postcode: City : _		
Pharmacy: Pass		sport driver licensen Other:
Previous GP: ID num		mber:
Cor	ntactdetails in case of emergency:	
Hereby, i give my permission to my previous GP to send my medical file to MC de Artsenij.		
0	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.	
Sia	nature: Da	te:

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.