



Dr. Johannes Viljoen

maxillofacial and oral surgeon

BChD, Dip Odont. (Mondchir.) MBChB, MChD (Chir. Max.-Fac.-Med.) Univ. of Pretoria

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Co Reg: 2012/043819/21
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43 Ryk Tulbach Street, Da Nova, Mosselbay
Tel: 044 874 3914 / 044 874 3980
074 330 0752 / 074 617 1285 / 062 390 8245

PATIENT REGISTRATION FORM - ACC NO: _____

PATIENT DETAILS

Title: Mnr Initials: G.J. Surname: Kloppers
First Names: Gideon Josua
I.D. No: 620130 5004 085 Date of Birth: 1962-01-30
Occupation: Pensioner Employer: _____
Cell: 082 445 4146 E-mail: gjkloppers@gmail.com

REFERRED BY

Dentist: Dokter van Wyk - Kleinbrak GP / Specialist: _____

MEDICAL AID FUND - MAIN MEMBER DETAILS

RESPONSIBLE FOR PAYMENT? YES ☐ NO ☐

Name of Fund: Bestmed Plan / Option: Pace 1 Number: 13244324
Principal Member: Mnr G.J.Kloppers I.D. No: 620130 5004 085

PERSON RESPONSIBLE FOR SETTLEMENT OF ACCOUNT (Please complete in full)

Title: Mnr Initials: G.J. Surname: Kloppers
Full Names: Gideon Josua
I.D. No: 620130 5004 085 Date of Birth: 1962-01-30
Home Address: 10 Mossel, Kleinbrak Rivier, Mosselbaai Marital status: Married ☒ Divorced ☐ Single ☐
Postal Address: 10 Mossel, Kleinbrak Rivier, Mosselbaai Code: 6503
Occupation: Pensioner Employer: _____
Tel(H): _____ (W): _____
Cell: 0-82 445 4146 E-mail: gjkloppers@gmail.com

MEDICAL HISTORY

State all allergies you suffer from (e.g. Penicillin): Sulfas

Please mark with an [x] when applicable:

Alcohol/Drug addiction ☐	Chest complaints / TB ☐	Hypertension ☐	Prosthetic joint ☐
Asthma ☐	Cholesterol ☒	Infective conditions ☐	Prosthetic heart valve ☐
Autoimmune disease ☐	Diabetes ☐	Liver diseases ☐	Osteoporosis treatment ☐
Bleeding tendency ☐	Epilepsy ☐	Pacemaker/Heart Stent ☐	Rheumatic fever ☐
Cancer ☐	Hepatitis / Jaundice ☐	Porphyria ☐	Do you smoke? ☒
Cardiac diseases ☐	HIV/Aids ☐	Ladies: Pregnant? ☐	Stroke ☐

State any other serious diseases: n/a

State all medications that you take: Urizone, Aspavor, Uromax

State all disabilities: n/a

State previous operations: Galblaas verwyder, Naaltjiebreuk

State previous problems with anaesthetic: Geen

State osteoporosis treatment: Geen

NEXT OF KIN (To be contacted in case of an emergency)

Title: Mev Initials: A Surname: Kloppers
Relationship: vrouy Tel.(H): _____ Cell: 082 749 5480

CONSENT TO PROCESSING OF PERSONAL INFORMATION - POPIA ACT, 2013.

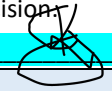
The practice staff of Dr. J Viljoen Inc. are bound by the laws relating to patient confidentiality and will protect your personal and health information. We will not release your information without your written consent. A Consent to disclosure form can be obtained from the practice manager.

I, the undersigned, being the patient/legal guardian of the patient hereby authorise the practice staff of Dr. J Viljoen Inc. to release personal and private health information to my medical aid scheme, other funders or any third party as directed by me. I consent to the sharing of any dental records and information including any treatment plans, prescriptions and other information pertaining to my care by this practice with other healthcare professionals involved in my treatment. I understand that these reports may contain personal and confidential information.

Initial 

The purpose of release of your information is for Continuing Medical Care to other treating Health Care Providers, Legal Purposes, Personal Use, Claims from Medical Schemes, and Insurance. The health information to be released will include Medical History & Clinical findings, Post-Operative Reports, Lab/Pathology Reports, Consultation Reports, Medical Legal Reports, X-ray Reports/Images, or any other information as discussed with Dr Viljoen.

I understand that I have the right either to give consent or refuse consent. I have the right to decide that I do not want to disclose my private health information. I have the right to withdraw any consent given or refused at any future visit. Should this occur, I will need to inform the practice of this decision and sign another informed consent form, indicating my amended decision.

Initial 

CONSENT TO TREATMENT AND PAYMENT

Please note that this practice is not contracted in with any medical insurance. Fees are based on the Discovery Health Premier B Specialist tariff rates and in line with the 2022 published SADA (South African Dental Association) tariff codes.

I the undersigned, hereby give Dr J. Viljoen permission to do a clinical examination of myself / my child and to take the necessary radiology images or clinical photographs. After consultation with myself / my child and on his recommendation and my acceptance of his written cost estimate, I give my consent to Dr Viljoen to proceed with the necessary treatment or surgery.

I confirm that the answers to the health questions are accurate and correct to the best of my knowledge. Since a change in a patient's medical condition or medication can affect Oral Surgery, I understand the importance of and agree to notify Dr Viljoen of any changes.

I understand that I have the right not to disclose any of my private health information to any third party and that I could be treated on a strictly confidential basis. This will imply that I will be liable for the immediate settlement of all accounts and that I will take full responsibility for the disclosure of any information.

I understand that payment of services and goods rendered to me remains my responsibility. I agree to settle the full account within 30 days. If my account is not paid after 30 days, I will be given notice in terms of the National Credit Act. If I fail to settle the account within 30 days from the date of service, the account will be handed over for collection of debt to an Attorney. I will be liable for all legal and collection charges, all administration costs and recovery fees.

Initial 

I give permission that the practice staff may contact me via services like mail, e-mail, SMS, WhatsApp, Signal and Telegram messages. I certify that my contact details are correct and undertake to inform the practice of any changes. I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Practice using the above services may not be encrypted. Despite this, I agree to communicate with the Practice's staff, using these services, with a full understanding of the risk.

Initial 

I confirm that I can read and write the language in which this consent is drafted. I have read and fully understand its contents.


Signature

Gideo Josua Kloppers

Name and Surname

2026-09-08

Date