

R.E. Filius, general practitioner
 Griffeweg 1-3
 9724AP Groningen
 Phone: 050-3128739
 Fax: 050-3145675

Undersigned*

Name and initials:..... **Male/Female**
Surname:.....
Date of birth:.....

Street:.....
Postal code/city:.....
Phonenumber:..... **Cellnumber:**.....
Emailaddress:.....
Profession/education:.....

Citizen service number:.....
Health insurance company:.....
Health insurance number:.....
Health insurance UZOVIcode:.....
Pharmacist:.....

Country of origin:.....
Previous general practitioner:.....

Registered from (date) until further notice, at R.E. Filius, Parklaan 26 9724 AP Groningen.

Undersigned gives R.E. Filius permission to send a copy of this form to his/her last general practitioner, so he/she can be unsubscribed from the previous patient register. This will be done at the date mentioned above.

Undersigned requests his/her previous practitioner to send the medical data to R.E. Filius.

Signature:

* If undersigned signs for more then one person at the same address, the other persons can be named below.

| Name: | Date of birth | Citizen service number | Health insurance company/ UZOVIcode | Health insurance number |
|-------|---------------|------------------------|-------------------------------------|-------------------------|
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For our information:

How did you find us, through:

Internet Phonebook Other people Otherwise, namely:.....