

DECLARATION of REGISTRATION in GENERAL PRACTICE RADESINGEL
J.W.A. VAN WILLIGEN and T. VERBEEK VAN BUUREN
www.huisartsgroningen.nl

Surname and initial(s):
First name: Sex: M / F
Address:
Postcode (ZIP code): City:
Telephone number: Mobile telephone nr.:
Date of birth: Place of birth:
Insurance company: Insurance number:
Burger Service Nummer (Dutch Social Security Number):
Pharmacy: City:
E-mail address:

Declares hereby that he/she is registered as a new patient from: (fill in date) in:

Huisartsenpraktijk Radesingel
Radesingel 20
9711EK Groningen
The Netherlands
tel.: 050-3127228
AGB code: 01008795
www.huisartsgroningen.nl

HuisartsGroningen.nl

Huisartsenpraktijk Radesingel

City: Date:

Signature:

This registration also covers the following persons on the same address:

	Name	Date of birth	M/F	BSN	Insurance comp.	Insurance nr.
1						
2						
3						
4						
5						

Former general practitioner:

Name:
Address:
Postcode:
City:

How did you find us?

- heard from family or friends
 in the phone book
 via our website www.huisartsgroningen.nl
 other,

We ask you to inform your former general practitioner about your registration here and to have your medical file sent to our practice (Radesingel 20, 9711EK Groningen, The Netherlands).