

# Louise Pasteur Private Hospital

374 Schoeman Street  
Pretoria  
0002  
Tel: 012 336 6000

## Pre-Admission Form

Pre Admission Clinic Tel: 012 336 6133

**Please complete this form and submit back**

MedicalAid\_Number                      Medical\_Aid                      Month                      Date

First Name                                      MI                      Last Name

Street Address

City    State                      Zip Code

Phone Number                      Fax No.

ID Number                                      Birthdate                      Gender                      Marital Status

Doctor

Hospitale

Diagnoses                      Allergies                      Procedure

Expected\_Date\_Of\_Admission                      Contact\_Person

Notes