

Registration form Huisartsenpraktijk Frans Halsstraat

Huisartsenpraktijk Frans Halsstraat
Frans Halsstraat 60 1072 BT Amsterdam
Tel: 020 6739091
Agb: 01008287

Registration date (dd-mm-jj):

Your Information

Name:

Surname:

Date & Place of birth

Adress +Zipcode:

Nationality:

Phone nr:

E-mail

Social security nr:

Insurrance nr:

Pharmacy

Former GP (name +place):

Do you wish to use online services? yes

Signature

Date

The undersigned declares that he/she has been registered in the above practice and gives permission to request the medical file from the previous GP

Privacy statement:

The registration form will be linked to your medicalfile and used to prove that you have registered wit us. Your personal data will be checked with your insurance company. Furthermore, your data will not be shared with third parties other than strictly necessary to provide you with adequate care.