**Registration as a new patiënt at the Practice of HUISARTS D. STEVENS in Voorburg**

Prins Bernhardlaan 177, 2273 DP Voorburg

Tel: 070 – 3864646

www.huisartsdstevens.nl

AGB-code zorgverlener : 24720 /AGB-code praktijk : 50398

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| Family name and first name ……………………………………………………………………………………………………………………………... F/M  Date of birth…………………………………………………………………………………………………………..  Street and house number……………………………………………………………………………………….  Postal code and en city…………………………………………………………………………………………...  Mobile phone nr.……………………………………………………………………………………………………..  E-mail………………………………………………………………………………………………………………………. |

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| Pharmacy……………………………………………………………………………………………………………………  Insurance company……………………………………………………………………………………………………..  Insurance number……………………………………………………………………………………………………….  BSN number(Burger Service Nummer)………………………………………………………………………...  Passport number ……………………………………………………………………………………………………..  or  Id card number ……………………………………………………………………………………………………………  or  Drivers license number: ………………………………………………………………………………………………. |

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| Name and address previous general practitioner ………………………………………………………….  Please inform the previous practice if possible  Permission to share your medical data through the LSP (National Exchange Point)? J/N |

I hereby declare as of…...…………….(date) to be registrated at Huisartspraktijk D. Stevens.

Date………………………………………………….

Signature ……………………………………….