

DECLARATION of REGISTRATION in GENERAL PRACTICE VAN WILLIGEN
J.W.A. VAN WILLIGEN
www.huisartsvanwilligen.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 adress:

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

Huisartspraktijk Van Willigen

Radesingel 20
9711EK Groningen
The Netherlands
tel.: 050-3127228
AGB code: 01010056
www.huisartsvanwilligen.nl

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
- via a search machine
- via our website www.huisartsvanwilligen.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).