



SUPERMED

FAMILY PRACTICE CLINIC

Dr. René de Wet Medicine Professional Corporation

New Patient Registration

Date:

| | | | |
|--------------------------|----------|-------------------------------|--|
| Last name | | First name | |
| Birth date | | Preferred name | |
| Address | | | |
| City | Province | Postal | |
| Tel number residence | | Tel number work | |
| Cell phone number | | Email address | |
| OHIP health card Nr. | | OHIP health card version code | |
| OHIP health card Exp. | | SIN | |
| Current Family physician | | | |
| Current Pharmacy | | | |
| Current medications | | | |

Other family members to be registered

| | | | |
|-----------------------|--|-------------------------------|--|
| Last name | | First name | |
| Birth date | | Preferred name | |
| OHIP health card Nr. | | OHIP health card version code | |
| OHIP health card Exp. | | SIN | |

| | | | |
|-----------------------|--|-------------------------------|--|
| Surname | | First name | |
| Birth date | | Preferred name | |
| OHIP health card Nr. | | OHIP health card version code | |
| OHIP health card Exp. | | SIN | |

| | | | |
|-----------------------|--|-------------------------------|--|
| Last name | | First name | |
| Birth date | | Preferred name | |
| OHIP health card Nr. | | OHIP health card version code | |
| OHIP health card Exp. | | SIN | |

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