

DECLARATION OF REGISTRATION AT GP PRACTICE

Huisartsenpraktijk Hermsen (AGB-code 51384)
Mrs C.T. Hermsen: (AGB-code 22723)

mevrouw C.T. Hermsen, huisarts
mevrouw G. Kuip, huisarts

Beukenlaan 4a
2612 VC DELFT

Telefoon: (015) 213 53 58

Spoed: (015) 213 53 58, toets dan 1

info@dokterhermsen.nl

www.dokterhermsen.nl

Kamer van Koophandel 50140892

Bank ING Bank, Phoenixstraat 28, 2611 AL Delft

IBAN NL32 INGB 0681 1674 91

BIC INGBNL2A

Undersigned:

SurnameM/F*

Name(s)

Address

Postal codeDomicile

Mobile number

E-mail address

Date of birth

Health insurer

Social Security Number (BSN)

Insurance Registration Number

Expiration Date

Identity Card/Passport/Drivers License*number

Declares:

that he/she* is registered as patient at Huisartsenpraktijk Hermsen from

..... (date of registration!).

Place Date

Signature

*Delete as applicable.



PERMISSION

Electronic sharing of medical information via the Landelijk Schakelpunt (National Switching Point).

YES

NO

mevrouw C.T. Hermsen, huisarts
mevrouw G. Kuip, huisarts

I give permission to Huisartsenpraktijk Hermsen. Hermsen to share my medical information with other healthcare providers if this is necessary for my treatment (see: <https://www.volgjezorg.nl/en>)

I do not give permission to Huisartsenpraktijk Hermsen to share my medical information with other healthcare providers if this is necessary for my treatment.

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SURNAME: M V

NAME(S):

ADRESS:

POSTAL CODE AND DOMICILE:

DATE OF BIRTH:

E-MAIL:

CHILDREN

- Permission for children up to the age of 12 is arranged by the parent/guardian.
- Permission for children between the ages of 12 and 16 must be given both by the child and the parent/guardian. The child can fill in a form or sign this form after his or her name.
- Children from the age of 16 arrange permission for themselves.

PERMISSION FOR CHILDREN

YES NO SURNAME AND NAME(S): M F

DATE OF BIRTH:

YES NO SURNAME AND NAME(S): M F

DATE OF BIRTH:

YES NO SURNAME AND NAME(S): M F

DATE OF BIRTH:

PLACE: DATE:

SIGNATURE:

