



## PATIENT DETAILS FORM

### **PATIENT DETAILS:**

Kindly provide the below information so that we can assist you with a medical aid quote:

1. Patient's full names:
2. Patient's ID number:
3. Medical Aid Scheme name:
4. Medical Aid Membership number:
5. Next of Kin (NOK) details:
  - 5.1 Name:
  - 5.2 Cell phone number:
  - 5.3 Email address:
6. ICD10 code: (this can be obtained from the treating doctor)
7. Delivery address: (where the goods must be delivered to)

Please send the information to: [admin@rentmed.co.za](mailto:admin@rentmed.co.za) and we will contact you with the required quotation.

Kind regards

RentMed Administration