



Universal House, 15 Tambach Road, Sunninghill Park, Sandton  
Private Bag X47, Rivonia, 2128, Tel: 0860 002 400, Fax: 012 349 1571

## Doctor Choice Form

MEDICAL AID NUMBER

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Please ensure that the member and dependant details on this form are the same as on the APPLICATION FOR MEMBERSHIP FORM

	Principal member	Dependant 1 (Spouse)	Dependant 2	Dependant 3	Dependant 4
Surname					
First names					
Identity no./Passport no.					
Date of birth	d d m m y y y y	d d m m y y y y	d d m m y y y y	d d m m y y y y	d d m m y y y y
Gender (M/F)					
Town/city (Address)					
Contact no.	code	code	code	code	code
Name of doctor of choice					
Doctor's address					
Doctor's contact no.	code	code	code	code	code
Practice no. (Office use)					

If insufficient for number of dependants, please complete a second form.

SIGNATURE \_\_\_\_\_

DATE

D	D	M	M	Y	Y	Y	Y
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PLANT SITE \_\_\_\_\_



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