



PLEASE TELL US ABOUT YOURSELF

Surname _____ First Name _____ Title _____ D.O.B _____

Address _____

_____ Code _____

I.D Number _____

Home Tel (____) _____ Cell Phone _____

WhatsApp No (If different) _____ Email _____

Are you on Facebook? _____ Are you on Instagram? _____ Handle? _____

Please follow us on Instagram Zena_Jacobson_Optometrist

PLEASE TELL US WHERE YOU WORK

Business Name _____ Address _____

_____ Occupation _____

Email (If different from above) _____ Work Tel (____) _____

PERSON RESPONSIBLE FOR THE ACCOUNT IF DIFFERENT FROM THE ABOVE

Surname _____ First Name _____ Title _____

ID Number _____

Relationship to Patient _____ Occupation _____

Work Tel (____) _____ Cell Number _____

Business Name _____ Address _____

Email Address _____ Work Tel (____) _____

PLEASE GIVE US YOUR MEDICAL AID DETAILS

Medical Aid Name _____ Number _____

Plan _____ Dependant Code _____

Preferred method of communication SMS Email Telephone WhatsApp

How did you hear about us? _____

Please let us know who referred you so that we can thank them _____

PLEASE NOTE

Whilst every effort will be made to claim payment from your medical aid on your behalf, please note that you remain responsible for any outstanding balances not covered by your medical aid.

We periodically send out newsletters, reminders for your next examination and other relevant information using email, SMS and WhatsApp that could benefit you. As this communication can be classified as Direct Marketing in terms of the POPI Act, we would appreciate your consent that you would like to receive these communications and that we can retain your details on our communications database. All communications have an unsubscribe button for you to opt-out at any time.

- I hereby **GIVE CONSENT** to Zena Jacobson Optometrist to utilise my SMS, WhatsApp, email or other communication facility in order to inform me when I am due for my next examination; that my spectacles or contact lenses are ready for collection, and from time to time inform you about special promotions. The contact data may include my name, email address, telephone number, postal address and/or social media account identifiers.
- I hereby **GIVE CONSENT** to Zena Jacobson Optometrist to use my image and for it to be posted on its social media site.
- I hereby **DO NOT GIVE CONSENT** to Zena Jacobson Optometrist to utilise my SMS, WhatsApp, email, or other communication facility in order to inform me when I am due for my next examination, that my spectacles or contact lenses are ready for collection and from time to time about special promotions. The contact data may include my name, email address, telephone number, postal address and/or social media account identifiers.
- I hereby **DO NOT GIVE CONSENT** to Zena Jacobson Optometrist to use my image to be posted on our social media site.
- I give Zena Jacobson Optometrists **consent to do a comprehensive eye examination** on me as stated above, to determine the health of my eyes and obtain a prescription for a spectacle or contact lens correction.
- If I have a medical aid benefit, I give my consent** to send the details of my prescription, as well as the results of the examination (ICD10 Codes) to my medical aid, in order to claim payment of the consultation, spectacles and / or contact lenses on my behalf.
- If the event of a referral to another healthcare practitioner, I give consent** to disclose the results of my examination for the benefit of the referred practitioner's treatment programme.
- I give consent to Zena Jacobson Optometrist to share my personal details and my prescription with the practice's suppliers and laboratories to order the required spectacles or contact lenses prescription finalised during the eye examination, to correct my vision following the consultation.
- I give consent to allow the Zena Jacobson Optometrist to send my personal information to the medical aid or another organisation for processing the claim, which will include my name, address, medical aid number, prescription, and any other data required to process the claim for payment.

Signed _____ Date _____