

G.F.W. Hoogslag, huisarts
 (AGB 04799, AGB praktijk 050507)
 Van Vredenburgweg 71, 2282 SE Rijswijk

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Subscription (ION)

Declares by signing this form to be inscribed into this general practitioner's office (with his/her family members) and to give the office permission to ask previous doctors the necessary medical information as well as to process digitally the provided information by the office or by external parties with whom the office has a General Data Protection Regulation (GDPR, in Dutch AVG) agreement.

Name:m/f Initials and first name:	BSN number:
Date of birth:	Type of ID: ID number:
Address (street): Postcode/City: e-mail address:	Telephone number: 06-number: Name of insurance: Insurance number: UZOVI nr. Insurance code:

Name family members (and BSN-number)	m/f	Passport/ ID-card number Dat of birth	Name of insurance company insurance number UZOVI-code insurance	LSP Yes/no
Name:				
BSN-nr:				
Name:				
BSN-nr:				
Name:				
BSN-nr:				
Name:				
BSN-nr:				

LSP Permission for electronic exchange of medical information with other healthcare takers (more information: volgjezorg.nl): yes no

For children age up to 12 years, parents/guardian have to give permission. Age 12 to 16 years, both parents/guardian and child have to give permission. Children from 16 years onwards give permission themselves.

Future Pharmacy: (register yourself!)

Name former general practitioner:

Address former GP:

Telephone number former GP:

Name

.....
 (signature)

.....
 (City, date)