



Dr Rory Dower

**Specialist Plastic, Reconstructive
& Aesthetic Surgeon**

Dr Rory Dower Incorporated | 2016/261711/21

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WELCOME TO DR DOWER'S PRACTICE

How did you learn about Dr Dower? _____

PATIENT

First Name _____

Surname _____

Preferred name (if different from above) _____

Title _____ Initials _____ Gender M F

Date of Birth _____

Identity number (if South African) _____

Home Language _____

Home Address _____

Postal code _____

Postal Address (if different from above) _____

Postal code _____

Home phone number _____

Cell phone number _____

Email _____

From time to time, we send out emails to our clients informing them of new treatments, events and information that might be of interest to them. Would you like to receive this correspondence? Y N

In case of emergency, whom would you like us to contact?

Name _____ Initials _____ Title _____

Cell phone number _____ Relationship _____

PRACTICE TERMS AND CONDITIONS

PAYMENT PROCEDURE

Non-surgical treatments:

All fees for consultations and procedures done in the rooms, are payable directly, on the day of service.

The cost of these procedures will vary – an estimate can be provided beforehand on request.

If this is your first visit to Dr Dower's practice, a consultation fee will be charged.

There will be no consultation fee for future non-invasive treatments.

Cosmetic surgery:

After your consultation for cosmetic surgery, a formal quote will be emailed to you.

A deposit of R5000, along with the signed quotation, is required to secure a date for surgery.

Full payment is required 2 weeks prior to the procedure.

Financing and insurance options are available, and further details will be attached with the formal quotation.

We avoid handling large sums of cash at our office so please be mindful of this.

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PAYMENT OPTIONS:

Electronic transfer

Account Name | Dr Rory Dower (Pty) Ltd
Investec Bank | Grayston branch | Branch code 580105 | Account number 10011871602

Cheque or cash deposit

(please make these at ABSA bank using the below information)

Account Name | Investec Bank
Branch code 580105 | Account number 01043960306 | Reference 10011871602

Credit card

We also accept all major credit cards (an additional 2% transaction fee will be levied)

SWIFT transfer

Account Name | Dr Rory Dower (Pty) Ltd
Investec Bank | Grayston branch | Branch code 580105
Account/IBAN number 10011871602 | SWIFT code IVESZAJJXXX

Please email accounts@drdower.com with proof of payment

CANCELLATION POLICY

For cosmetic surgery procedures, if the procedure is cancelled more than 3 weeks prior to the scheduled date or within 3 weeks in case of a medical emergency, the deposit will be refunded in full. In case of cancellation within 3 weeks of the planned surgery date, the payment will be paid back in full, less the deposit. Alternatively, the deposit can be carried over for a new booking within 6 months.

PATIENT UNDERTAKING :

Financial Consent

I accept that I am fully responsible for the payment of services rendered and undertake to pay according to the terms and conditions as set out above.

Privacy of Medical Information

I understand that this practice has implemented reasonable security measures to guard against the unauthorized disclosure of my personal information, and that I may revoke my authorization in writing at any time.

Disclosure of Medical Information

I authorize the use and disclosure of my medical information to relevant medical professionals, as Dr Dower sees fit (this includes your anesthetists and supporting medical professionals).

I confirm that the information I have given is true and correct.

I have read and understood the terms and conditions above and agree to the patient undertaking.

I will notify the practice of any changes to my medical aid or contact details before proceeding with any further consultations or procedures.

Signature _____

Name _____

Date _____