Registration Form:

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|  | Dr Wolfgang MullerPrivate Paediatric Medical Services |
| Clementine Churchill HospitalSudbury HillHarrowMiddlesex HA1 2RXTel: 020 8872 3838 | St John & St Elizabeth Hospital60 Grove End RoadSt. John’s WoodLondon NW8 9NHTel 020 70783831paediatrics@hje.org.uk  | Chase Lodge HospitalPage StreetChase LodgeW1W 5AHTel 020 75804400info@chaselodgehospital.com  | Northwick Park HospitalTrust Plus SuiteWatford Road, HarrowMiddlesex HA1 3UJTel: 020 8869 3112pa@drwmuller.com  |

Registration Form

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| Client Details: |  | GP Details: |  |
| Title: |       | Title: |  |
| First Name: |       | GP name: |       |
| Surname: |       | GP address 1: |       |
| Gender: |       | GP address 2: |       |
| Date of birth: |       | GP Post code: |       |

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| If > 18 y address only |  | Payment Details: |  |
| Name (Parent/Carer): |       |       |       |
| Address 1: |       |       |       |
| Address 2: |       | Insurance/Self pay |       |
| Postcode: |       | Insurance company name: |       |
| Country: | UK | Policy number: |       |
| Landline: |       | Preauthorisation number: |       |
| Mobile 1: |       | Credit/Debit Card: |       |
| Mobile 2: |       |       |       |
| Email: |       |  |  |

I hereby consent to have the ultimate responsibility to cover the fees in relation to the consultation with Dr Muller. I understand that the fee for the consultation does not cover additional tests, fees occurred by other specialists involved or Hospital fees. I am aware that I can access the fees for the consultation with Dr Muller on his website [www.drwmuller.com](http://www.drwmuller.com) via the link “Information – Fees”. Please note that different fees apply for out of hours and weekends. A cancellation fee of £50 will apply to all out of hours and weekend appointments.

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| Signature: |       | Date: |       |
| Printed name: |       |  |  |