



Wilton Complete Care

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Dr. CTC Wilton
 MBChB (Stell) – MP 0828483
 PR.1095730

**MediMix At Newmarket
 Room F1A**

1 Riboville Street, Newmarket Park, Alberton, 1449
Tel: 072-726-8631

Patient Details			
Patient Name and Surname			
ID Number/ Passport Number			
Date of Birth			
Patient Cell Number		Gender	
Patient Address			
Previous Patient of Dr. CTC Wilton	Yes/ No		Cash Patient
Emergency Contact Information			
Name and Surname		Cell Number	
Address		Postal Code	
Medical Aid Information			
Medical Aid Name			
Medical Aid Option			
Membership Number			
Main Member			
Dependents			
Person Responsible for Account			
Name and Surname		ID Number	
Email		Date of Birth	
Address		Cell Number	
Signature of patient or Parent/ Gurdian		Date of Signature	

1. CONSENT TO MEDICAL TREATMENT

- I acknowledge and consent to examination, consultation, and treatment by the healthcare practitioner at Wilton Complete Care.
- I understand that all proposed procedures and treatments will be explained and I may ask questions prior to giving consent.
- I acknowledge that certain medical conditions may require referral to a specialist, hospital, or other healthcare facility.

2. PROCESSING OF PERSONAL INFORMATION (POPIA)

- I consent to the collection, processing, storage, and use of my personal and medical information by Wilton Complete Care, in accordance with the Protection of Personal Information Act 4 of 2013 (POPIA), solely for:
 - Provision of healthcare services
 - Maintenance of medical records
 - Billing and account administration
 - Submission of claims to medical aid schemes
 - Internal administrative and quality assurance purposes
- I consent to disclosure of relevant medical information to:
 - Healthcare practitioners involved in my treatment
 - My medical aid scheme
 - Authorised administrative staff
- I acknowledge understanding of my rights under POPIA, including the right to access and request correction of my personal information.

3. PAYMENT TERMS

- I acknowledge responsibility for all fees rendered by the Practice.
- Submission of accounts to a medical aid scheme does not guarantee payment; I remain liable for any unpaid amounts.
- Accounts not settled within 30 (thirty) days may accrue interest at 15% per annum and may be handed over for collection.

4. APPOINTMENTS, CANCELLATIONS & LATE ARRIVALS

- I shall provide a minimum of 2 (two) hours' notice for cancellation or rescheduling of appointments.
- Patients arriving more than 15 minutes late may be required to reschedule, subject to practitioner availability.
- Wilton Complete Care reserves the right to impose a reasonable cancellation or missed appointment fee.

5. LIMITATION OF LIABILITY

- Wilton Complete Care, its directors, employees, or independent contractors shall not be liable for indirect, consequential, or incidental loss, except arising from gross negligence or wilful misconduct.
- Certain healthcare practitioners may operate as independent providers; the Practice shall not be liable for their acts or omissions.
- The attending practitioner is responsible for ensuring informed consent prior to treatment.

6. CONFIDENTIALITY AND RECORDING OF CONSULTATIONS

- All consultations and interactions with Wilton Complete Care are private and confidential.
- I shall not record, photograph, or distribute any consultation without prior written consent.
- Any unauthorised disclosure or publication may result in legal action.

7. GOVERNING LAW & JURISDICTION

- These Terms and Conditions shall be governed by the laws of the Republic of South Africa.
- Any dispute arising from services rendered shall fall under the exclusive jurisdiction of the South Gauteng High Court.

8. PATIENT DECLARATION

- I, the undersigned, hereby confirm that:
- I have read, understood, and agree to be bound by the Terms and Conditions above.
- I consent to the processing of my personal information in accordance with POPIA.
- I acknowledge understanding of the fees, cancellation policy, and liability limitations.
- I consent to treatment as described above.

Full Name: _____

Signature: _____

Date: ____ day of _____ 20__

OFFICE USE ONLY

Captured By: _____

Signature: _____

Date: _____