

# Dr. STÉFAN BESTER

B.Ch.D., M.Ch.D (Pret)  
PROSTHODONTIST

<b>DATE:</b>				
<b>PATIENT INFORMATION:</b>				
<b>Surname:</b>		<b>Full name:</b>		<b>Title:</b>
<b>PLEASE ADVISE WHAT MEDICATION YOU TAKE ON A REGULAR BASIS:</b>				
	<b>NAME:</b>	<b>HOW MANY TIMES A DAY:</b>	<b>HOW LONG HAVE YOU BEEN ON THIS MEDICATION:</b>	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
<b>Patient Signature:</b>				

IF YOU NEED TO CONTACT THE SURGERY: 011 792 2723/4

PLEASE FAX BACK TO: **086 672 6079**