



The Inner Circle, 159 Rivonia Road, Morningside, 2196 | P.O. Box 652837, Benmore, 2010
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CREDIT CARD AUTHORISATION

DATE: _____

PATIENT DETAILS

PATIENT NAME & SURNAME: _____

PATIENT FILE NO: _____

PATIENT CONTACT NUMBER: _____

CONTACT PERSON (if not patient): _____

CREDIT CARD DETAILS

Visa Mastercard

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Reproductive Medicine Specialists: Dr L. Gobetz, Dr S. Volschenk, Dr C. Venter, Dr Y. Unterslak

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