



DR FRANCOIS SWART  
NEUROSURGEON

MBChB DA DipPeC M Med  
PR No: 0451118  
MP No: 0450014

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**PATIENT CONTRACT**

I \_\_\_\_\_, the undersigned acknowledge hereby that the following documentation were presented for my perusal on Dr Francois Swart's website at [www.drfs.co.za](http://www.drfs.co.za) and I acknowledge furthermore that I have read the information, that I understand the content thereof and that I agree to the stipulations in each document.

I declare specifically that I have read, understood and consent to the information in the following documents and that all the information I presented is true and correct:

- General Terms and Conditions Dr F Swart Inc 2021
- POPI Practice Policy Dr F Swart Inc 2021
- Retention Archiving and Destruction Practice Policy 2021

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Name: \_\_\_\_\_

Id number: \_\_\_\_\_

Signature: \_\_\_\_\_

