

# MEDINOL

*Please supply official details as per BHF.*

Practice name <i>(e.g. Dr A. Smith)</i>	
Degree(s) <i>(e.g. MB.ChB.(UCT))</i>	
HPCSA Number	
Practice Number	
VAT Number <i>(if applicable)</i>	
Physical Address	
Postal Address	
Telephone Number <i>(Rooms/Cell)</i>	
Fax number	

Your name:

---

Signature:

---

Detach the order form and together with deposit slip return by mail, or for fastest service, fax it to:

**Better Practice Management CC 0866-906-012**