



# MEDICALIS

the on-line directory of health practitioners in south africa

## MEDICALIS: THE ON-LINE DIRECTORY FOR MEDICAL PRACTITIONERS

Doctors / Medical Professionals Title and Name:	
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	Physical Address	Postal Address
Address		
Suburb		
Postal Code		
Town / City		
Province		

Medical Centre / Hospital / Building Name	
Suite / Room No.	

Phone		Fax	
Mobile		Publish on Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Publish on Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Website	http://		

Brief description of your practice:

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Medical disciplines (each listing may have up to 5 disciplines):

<input type="checkbox"/> Anaesthetist	<input type="checkbox"/> Nephrologist	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Neurologist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Neurosurgeon	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Cardio Thoracic Surgeon	<input type="checkbox"/> Obstetrician	<input type="checkbox"/> Pulmonologist
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Occupational Health Therapist	<input type="checkbox"/> Radiologist
<input type="checkbox"/> Dermatologist	<input type="checkbox"/> Oncologist	<input type="checkbox"/> Reconstructive Surgeon
<input type="checkbox"/> Dietician	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Rheumatologist
<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Specialist Physician
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> Orthopaedic Surgeon	<input type="checkbox"/> Speech Therapist
<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Otorhinolaryngologist	<input type="checkbox"/> Surgeon
<input type="checkbox"/> Gynaecologist	<input type="checkbox"/> Paediatrician	<input type="checkbox"/> Thoracic Surgeon
<input type="checkbox"/> Homeopath	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Urologist
<input type="checkbox"/> Maxillo-Facial Surgeon	<input type="checkbox"/> Plastic Surgeon	<input type="checkbox"/> Vascular Surgeon
<input type="checkbox"/> Other		

**MEDICALIS**  
86 Ashley Drive  
Gillitts  
3610

P. O. Box 69  
Gillitts  
3610

Phone:  
031 767 0511

Fax:  
086 699 1639

Email:  
info@medicalis.co.za

Url:  
http://www.medicalis.co.za

DEMOGRAPHIC INFORMATION

**MEDICALIS** is a product of  
Strategian Business  
Solutions  
Reg. : 2007/117727/23  
VAT. No.: 4900238975



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## MEDICALIS: THE ON-LINE DIRECTORY NORMAL LISTING SUBSCRIPTION

I wish to be listed on the MEDICALIS on-line database and choose the following listing option:

1 x Normal Listing	<input type="checkbox"/> R 45.60 per month	or	<input type="checkbox"/> R 498.18 per annum
1 x Premium Listing	<input type="checkbox"/> R 92.20 per month	or	<input type="checkbox"/> R 996.36 per annum
1 x CMS Website	<input type="checkbox"/> R 188.10 per month		

**Only complete this part if you choose a debit order option. EFTs are only available for annual payment.**

The details of my bank account to be debited are as follows:

Bank			
Branch		Branch No.	
Account Name / Holder			
Account No.			
Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission	<input type="checkbox"/> Current

I hereby request and authorize you to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the sum as indicated / ticked above, or any variable amount pertaining to this agreement. This being the amount necessary for the settlement of a listing subscription on the Medicalis On-line database.

All such withdrawals from my account by you shall be treated as though they had been signed by me personally. I the undersigned, "instruct" and authorize your agent, Netcash (Pty) Ltd, to draw against my account. I understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ.

I agree to pay any banking charges relating to this debit order instruction. This authority may be cancelled by means of giving you thirty days notice in writing, sent by post or email, but I understand that I shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I acknowledge that the party hereby authorized to effect the drawing(s) against my account may not cede or assign any of its rights and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

Print Name:	
Signature As Used For Signing Cheques:	

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