

Dr Wewege and Associates Inc

t/a Copperfield Child Care



Practice number: 0724858 Dr A. Wewege, Dr H. van der Watt, Dr L. Smith, Dr J. Buckley

Documentation regarding informed consent for telemedicine practice:

1. Patient name and address _____

Email address: _____

Contact telephone numbers: _____

2. Site of consultation _____

3. Practitioner's name _____

4. Telemedicine used (tick): Face time call € Telephonic consult €

5. I hereby agree that the servicing practitioner will ultimately decide whether or not the condition being diagnosed or treated is appropriate for a telemedicine consultation.

6. The alternative to telemedicine is to attend a consultation in person.

7. All information will be handled with utmost confidentiality. Appropriate notes will be made in the patients existing file.

8. I am aware that I will be charged a service fee to my medical aid (which will be my responsibility to follow up) or alternatively settle the account via EFT.

Parent/ legal guardian signature _____