

Patient Registration Card

1. Full name:

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2. Date of birth:

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3. Mail address, postal code:

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4. Country code and phone number:

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5. Fax number:

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6. E-mail:

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7. Diagnosis:

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8. Contact person (Name, address, phone, fax):

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9. When do you wish to start treatment:

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10. Will the patient have the accompanying person? yes, no.

11. Services on professor's level: yes, no.

12. Staying in hospital: single ward, double ward, ward for 3-4 people.

13. Do you need assistance with air ticket booking: yes, no.

14. Source of information about our firm:

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15. Filled out on (date):

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