



Your Medical Condition/Diagnosis:

Please share your investigations report of other hospitals with the name of the doctor you have been treating with:

Type of payment:

Self pay:

Cashless:

For Assistance Contact:

**Please note:**

For any queries contact-----

Please bring your original reports when you come to the hospital.

We will revert back once your appointment is confirmed.

We need to know your requirement:

Airport pickup

SIM card

Guest House:

Internet access in the room:

Transportation for shopping:

Transportation for sight seeing:

Airport drop:

