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| Описание: image001

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 | **SAMARA REGIONAL CLINICAL ONCOLOGY DISPENSARY** |
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| **MEDICAL PROGRAM****(preliminary costs calculation)**  |
|  |  |  |
| **PATIENT DATA** |
| **Patient (given name and family name)** |  |
| **Date of birth** |  |
| **Residential address** |  |
| **Contacts** |  |
|  |
| **Diagnosis:** |  |
| **Date of request** |  |
| **Purpose of the request** |  |
| **The period when you want to get services** |  |
| **Client:** | *(in case of presence)* |
|  |  |  |
| **Additional information** |  |
| **Tests and examinations results** |  |
| **The doctor assigned to the patient (english-speaking for international patients if needed)** |  |
| **Insurance company** |  |
| **Patient`s insurance** |  |
| **Doctor liability insurance** |  |
| **Organization, providing services in patient accompanying** |  |
| **Do you need assistance in the process of visa application?** |  |
| **Do you need assistance in organization of transportation and accommodation?** |  |
| **Accommodation features**  |  |
| **Food features** |  |
| **Do you need help with organization of leisure activities?** |  |
| **What languages does the patient speak?** |  |

Payment is provided during the implementation of the medical program in the accounting department.

Payment methods: in cash, by credit card (interest could be charged by the acquiring bank), bank transfer.

The accounting documentation are issued.

If you have any tests and examination results, please bring them with you in order to understand the dynamics of the disease.

**With wishes of good health,**

**Samara Regional Clinical Oncology Dispensary**