



GBAHK Bespoke Medical Service Centre Service Form

*** Cannot be null**

Date:

1. Name *

2. Age *

3. Gender *

Male

Female

4. ID/ Passport Number*

5. Consultation *



6. Confirm Diagnosis *

Medical records can be used as information, please upload the latest inspection report to the affiliated organization Hong Kong Doctors Digital Network through the Hong Kong Medical Link APP.

7. Service Requirements

8. Target drugs

9. Target Instrument



Part II (For Exclusive Customers)

10. Number of Peers

11. Transportation and Accommodation Arrangements

12. Hospital Room Class

First Class

Suite

13. Special Transportation Arrangements (e.g. private jets)

14. Postoperative recuperation

Yes

No