



GBAHK Bespoke Medical Service Centre Service Program

* Cannot be null

Date:

1. Full Name *

2. Age *

3. Gender *

Male

Female

4. ID/ Passport Number *

5. Consultation *



6. Attending Doctor *

(Including background information, suitable videos and articles)

7. Target Drug and Device Information

(The attending physician may switch to other drugs or devices for clinical reasons)

8. Hospital and room level

(Including videos and pictures to introduce the hospital)

9. Estimated Time

10. Postoperative Recuperation

Yes

No