

Please complete the sections below and return this form to us by email. The more detail you share, the more accurate the no-obligation estimate we can prepare for you. Required fields are marked *.

1. About you

Full name *

Email address *

Phone / WhatsApp (with country code) *

Country of residence *

Age

Preferred language

2. The treatment you are considering

Treatment or procedure you are considering *

What is prompting you to consider treatment abroad? * (cost, waiting time, specific expertise, a recommendation, etc.)

Preferred destination (or 'no preference')

Preferred timeframe

3. Medical background

These help us prepare a more accurate estimate. All optional - share what you are comfortable with.

Height

Weight

Ongoing medical conditions (e.g. diabetes, blood pressure, heart or lung condition) - or 'none'

Current medications - or 'none'

Previous surgeries or major hospitalizations - or 'none'

Have you had a consultation or diagnosis for this treatment?

Yes No

Do you smoke or use tobacco?

No Occasionally Yes

4. Anything else

Additional details or questions

I understand the information I share is kept strictly confidential and used only to prepare my estimate and treatment recommendations. This form is not a medical diagnosis.