



THEMEDITOUR
A DOCTORS' VENTURE

Patient Registration

If you have any clinical problem and wish to take our help; please provide us your complete information which should include:

- Patient Name
- Birth Date or Age and Sex
- Address with phone no and email
- Describe in detail about your problem

Please attach medical documents which should include note from your doctor, images and reports etc. Try to Provide more relevant documents which gives more clear idea to our doctor. *We provide our doctor's opinion Without any cost.*

Send your email to info@themeditour.com

Note:

Confidentiality of your medical data is maintained. It will not be shared other than our panel doctor.