



Application for medical treatment

First name Date of Birth
(dd.mm.yyyy)

Second name Country of
residence

Middle name

What treatment are you interested with?

Geneo	Dermatological peel
Liposonix	Vascular therapy
RF-lifting	Mesotherapy
Plasma therapy	Other

Do you have any chronic or serious diseases?

No Yes

Do you have any allergy?

No Yes

Additional information

Phone number

Address in your permanent residence country

e-mail

By signing this form, i declare, that all this information is true, that my purpose of visiting Russia - is medical treatment in Ortodont Complex (To Medic-pro LLC) clinic, that i have sufficient funds to stay in Russia, and to make prepayment, that i have the place in Russia where to stay and i will buy medical insurance. I will strictly follow the laws of Russia and obliged to compensate any costs of Prima Oris, related to my staying in Russia.

Date

Signature

Please NOTICE

1) The following documents you will need to get official invitation for business visa to get medical treatment in our clinic:

- copy of your passport
- application for medical treatment
- documents that you've made a prepayment

2) What more will help us to make you appropriate proposal:

- if you already have any Xrays, copy of medical documents, intraoral photoes, please, attache it to your letter with application for treatment