MEDICAL CARE REQUEST FORM

CUBA MEDIKA

PERSONAL INFORMATION

Family name

Surname

City

Province

Country

Email

Age

Sex

Phone #

Cel #

Fax

REASON FOR THE REQUEST

To obtain a specific treatment in Cuba

To get a second medical opinion

Check-up and diagnosis

Follow up for specific treatment

Programs of well-being with tourism

Other

Family medical history

Previous medical tests

Treatments received

ATTACH YOUR MEDICAL DOCUMENTS