



**Global Health**

**Welcome to the Mboa Initiative. We seek to globalize health and ease access to medicare. Join us by registering your hospital on this form**





## Hospital Name

## Hospital's Email Address

## Operating Hours



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**Country**

**Region/City/Town**

**Hospital's Phone Number**

**Hospital's Website**



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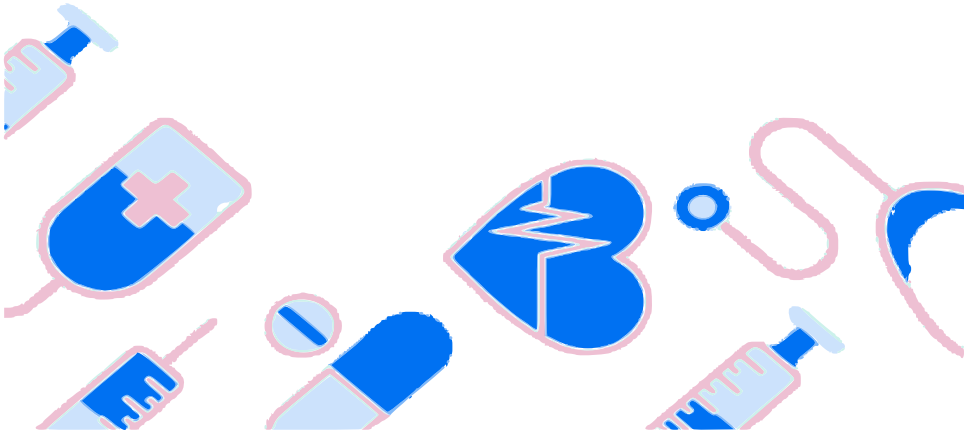


**Please select the services that are available in your hospital:**

<input type="checkbox"/> Accident & Emergency	<input type="checkbox"/> Burns Unit	<input type="checkbox"/> Coronary Care Unit	<input type="checkbox"/> Intensive Care Unit	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Dentistry
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Elderly Services	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Gynecology & Obstetrics	
<input type="checkbox"/> Hematology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Maternity	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Nutrition & Dietetics	<input type="checkbox"/> Occupational Theraapy		<input type="checkbox"/> Oncology	<input type="checkbox"/> Renal
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Otolaryngology (Ear_Nose_Throat)		<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Rheumatology	<input type="checkbox"/> Urology

**SUBMIT**

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**Thank You !**  
**{Hospital name} has been registered successfully!**