



## **TIMES- ALL INDIA TOP LIFESTYLE HOSPITALS & CLINICS RANKING SURVEY 2022**

### **SELF-FILLING QUESTIONNAIRE**

An Initiative By:

**OPTIMALMEDIA  
SOLUTIONS**

A division of Times Internet Limited  
A Times Group Company



*For any Query related to filling form please contact*

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**Knowledge Partner**



*The questionnaire should be officially stamped and signed.  
Any unstamped and unsigned questionnaire would be disqualified.*

**Avance Insights Private Limited**  
Avance House, B-309/2, Chhatarpur Extension,  
New Delhi, Delhi 110074

### GENERAL INFORMATION

Name of the Hospital	Oliva Skin & Hair Clinics
Address of the Hospital	CENTRE POINT BUILDING ,3 <sup>RD</sup> FLOOR ,359-363/301 , SP ROAD LEADING TO US CONSULATE, BEGUMPET ,SECUNDERABAD, TELANGANA-500016

Number of Specialty/ Department in this hospital	23 CLINICS
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Hospital Profile	<input checked="" type="checkbox"/> 1.Chain	<input type="checkbox"/> 2.Hospital	<input type="checkbox"/> 3. Clinic
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**A.1 WHICH OF THESE DEPARTMENTS DO YOU HAVE?**  
**A.2 WHICH OF THESE DEPARTMENTS DO YOU WANT TO PARTICIPATE IN THE TIMES LIFESTYLE HOSPITAL RANKING?**

	9.1	9.2
Plastic Surgery	1	1
Bariatric (Weight loss)	2	2
Orthopedic	3	3
Diabetology	4	4
Skin & Derma	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 5
Hair (Trichology)	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 6
Ophthalmology	7	7
Dentistry	8	8
IVF	9	9

1.1	Name of the Director/Centre Head (Senior Most Doctor-Decision Maker)	Dr. Soma Prashant			
1.2	Phone- Mobile/Landline (D)	9000210055 / 040- 44757500			
1.3	Name of Contact person for query regarding such info	Prakash Chari			
	Phone no of the contact person	9100072336			
	Designation	Chief Operating Officer			
	Email ID	Prakash.chari@olivaclinic.com			
1.4	Website of Hospital/ Clinic	www.olivaclinic.com			
1.5	Year of Establishment	2009			
1.6	Total Branches in the city	6			
1.7	Total Branches in India	23			
1.8	Total Branches Outside India				
1.9	Type of Organization (Please Circle/Tick)	<input checked="" type="checkbox"/> Private	1	Profit Centric Trust	4
		Government	2	Non- Profit Charitable Trust	5
		Semi- Government	3	Others	6

2	ACCREDITATIONS		
NABH	1	JCI Accreditations	3
NABL	2	ISO HACCP	4
Others- Please specify:			



### 3. Patient Support System

Patient care Initiatives		Yes	No
3.1	Home Visits	1	✓ 2
3.2	Nursing Facility @ Doorstep	1	✓ 2
3.3	Patient Counseling	✓ 1	2
3.4	Patient care Facilities	✓ 1	2
3.5	Patient Grievance desk	✓ 1	2
3.6	Others__Online Consultation_____	✓ 1	2

### 4. DATABASE MANAGEMENT

Patient Data Management		Yes	No
4.1	Case History- Online	✓ 1	2
4.2	Medical History- Online	✓ 1	2
4.3	Diagnostic reports- Online	✓ 1	2
4.4	Other Information support	✓ 1	2
4.5	Online Record of Patient Database	1	✓ 2
4.6	Doctors can check records online	1	2
4.7	Patients can check his/her records online (last visit)	1	2
4.8	Patients can check his/her all visit & diagnostic records online	1	2

### 5. GENERAL INFORMATION

A1	General Information	Yes	No	Please provide Numbers Overall, in this hospital
5.1	Size/ Area of Hospital in (Sq. ft.)			
5.2	Pharmacy	1	2	
5.3	Cafeteria/Canteen/Lounge	1	2	
5.4	Transport- Ambulance services	1	2	
5.5	Total no. of Technical Tie-ups			
5.6	Total no. of Tie-ups for Insurance			
5.7	Online appointment booking facility	✓ 1	2	
5.8	Online payment facility	✓ 1	2	
5.9	Credit card acceptance at during Discharge	1	2	
5.10	International hospital tie-ups	1	2	
5.11	Patient Education Workshop/Conferences (conducted in last 2 year)	1	2	
5.12	Awards won by the Institution in Last 3 Years	1	2	
5.13	Procedures performed on Famous Personalities by the Institute	1	2	

### 6. Diagnostic Facility

Facilities	Team Size-Paramedical staff	No. of Instruments
6.1	Complete Blood Screening	
6.2	Urine Examination	
6.3	Stool Examination	
6.4	ECG	
6.5	EEG	
6.6	Echo	
6.7	TMT	
6.8	X Ray	
6.9	MRI	
6.10	Ultrasound	
6.11	CT Brain	
6.12	Mammography	

**\*LEAVE BLANK IF NOT APPLICABLE**



**(E) ONLY FOR - (SKIN & DERMA)**

**E1. Please provide information on various procedures performed / Service provided at your hospital/ clinic for SKIN & DERMA SURGERIES.**

**E2. Please mention average number of surgeries/ services done per month. (for each of the surgery)**

**E3. Please mention average cost for each of the surgeries/services. (for each of the surgery)**

	Procedures performed- <b><u>SKIN &amp; DERMA</u></b> <b><u>SURGERIES</u></b>	Average number of surgeries/ services per month <b>E2</b>	Average cost for each surgery/ service <b>E3</b>
Dermatologist Consultation	1	2500	600
Acne Treatment	2	450	
Acne Scars Treatment	3	350	
Deep Chemical Peel	4	175	
Dermaroller	5	-	-
Dermatitis Treatment	6	80	
Facial Thread Veins Treatment	7	-	-
Psoriasis Treatment	8	80	
Pigmentation Treatment	9	250	
Keratosis Pilaris Treatment	10	35	
Rosacea Treatment	11	25	
Skin Cancer Screening	12	1	
Micro-Dermabrasion	13	15	
Photo facial treatment	14	15	
Carboxytherapy	15	-	
Keratosis Pilaris Treatment	16	15	
Birthmark Removal	17	70	
Mole Removal	18	35	
Tattoo Removal	19	25	
Wart Removal	20	60	
Age Spots Removal	21	25	
Skin Tag Removal	22	60	
Treatment for Wrinkles	23	70	
Other specify Laser Hair Removal	24	1350	
Other specify Non Surgical Body Contouring	25	75	
Other specify_____	26		

**(F) ONLY FOR - (HAIR /TRICHOLOGY)**

**F1. Please provide information on various procedures performed / Services provided at your hospital/ clinic for TRICHO/ HAIR TREATMENT**

**F2. Please mention average number of surgeries/ services done per month. (for each of the surgery)**

**F3. Please mention average cost for each of the surgery/ service. (for each of the surgery)**

S.No	Procedures performed- <u>TRICHO/ HAIR TREATMENT</u>	Circle only if available F1	Average number of surgeries/ services per month F2	Average cost for each surgery/ service F3
1	Hair Loss Specialist Consultation	1	650	
2	Hair Transplant	2	300	
3	Hair Loss Treatment	3		
4	FUE - Follicular Unit Extraction	4		
5	Laser Hair Therapy	5		
6	Body Hair Transplant (BHT)	6		
7	Direct Hair Transplant (DHT)	7		
8	High Density Implantation - 'Dense Packing'	8		
9	Eyebrow Transplant	9		
10	PRP	10		
11	FUE Hair Transplant	11		
12	Other specify_____	12		
12	Other specify_____	13		



4.1.9	Number of Urologists	
4.1.10	Number of Sexologists	
4.1.11	Number of embryologists	
4.1.12	Number of _____	

		By IVF department
5.1.1	No of International conferences participated in last 5 years	
5.1.2	No of National conferences participated in last 5 years	
5.1.3	No of the Research Articles published in last 5 years	
5.2	No of seminars/ workshops organized by the hospital in last 5 years	
5.3	Total number of patent procedures till today	

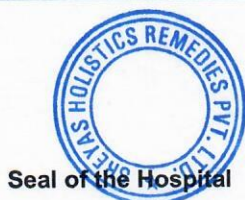
		By IVF department
7.1	How many awards were won by your Hospital/ clinic/ center in year 2021-22	
7.2	How many Consultants went abroad as part of the training/to learn new technique in the year 2021-22?	
7.3	Number of consultants who came from abroad for Research & Development purposes in the year 2021-22 ?	
7.4	How many consultants won awards in national / international conferences in year 2021-22?	

8.1	Best practices followed at your set up for ensuring higher success rate & quality treatment.

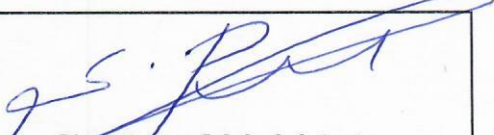
#### **Mandatory Question for Overall Hospitals/Clinics**

18.1. Please mention the best practices /developments/ innovations that have been introduced in past few years in your institute. We may highlight them in the lead story.

We have the best in class training facilities at our corporate office wherein all the dermatologists, irrespective of their experiences are trained of our protocols and hands on training is given to perform services through our high end USFDA approved technologies.



19	09	2022
DD	MM	YYYY
Date		

  
Signature of Administrator

#### **NOTE**

- 1) The questionnaire should be officially stamped and signed, any unstamped and unsigned would be disqualified
- 2) You can send any document that distinguishes your hospital but following must be sent:
  - I. Procedures Performed
  - II. List of Consultants (2021-22)
  - III. List of Seminars / Work Shops /Corporate visitors along with copy of notices / invitations (2021-22)
  - IV. List of foreign hospitals having tie ups with your hospital along with copy of MOUs
  - V. Name of famous personalities for whom procedure has been performed