



## Welcome to Virinchi Channel Partner Portal

Mobile Number :

Password :

Sign Up

Login



## Registration

First name:

Email :

Last name:

Password :

Mobile Number :

Select Gender:

Age:

SignUp



Refer Patient



Update Profile



Referred  
Patients



Appointments



Contact Us



Feedback

## Update Profile



Gender : ☒ Male ☐ Female

First Name:

Last Name:

Mobile Number:

Email:

Profession:

Location:

PAN:

Bank Name:

Account Number:

IFSC:

**Submit**

## Refer Patient

Refer

Referrals

Gender : ☒ Male ☐ Female

First Name:

Last Name:

Age:

Mobile Number:

Department:

Attendant Name:

Attendant Mobile Number:

Upload Document:

Remarks:

Submit

## Refer Patient

Refer

Referrals

From Date :

21/03/2019



To Date :

21/03/2019



**Vijay - 22Y/M**



Mobile Number ; +91 9652476456

MRN ; VBH12093280

Reference ID ; 218472210

Referred Date ; 21/03/2019

Registered Date : 21/03/2019

Department : ENT

Hospital : Virinchi Hospital, Banjara Hills

Select Patient Request:



IP Bills

**Rekha - 21Y/F**



**Bhasker - 33Y/M**

