

-1-

# PANEL PHYSICIAN SURVEY

Panel Physician Clinic: Name\*

Please enter the name of the Panel Physician clinic.

FIRST MED - FMC kft.

Panel Physician Agreement Expiration Date\*

Please enter the date that the current Panel Physician Agreement will expire.

October 1, 2019

Immigrant Medical Exam (IME) Volume\*

260 persons/year

Please enter the annual volume of U.S. IME's processed at this panel clinic.

NOTE: If a Panel Physician clinic has multiple locations, please contact the Panel Physician to determine the volume of U.S. IME's that are processed annually at each location.

260 persons/year

Please enter a value greater than or equal to 0.

How does this Panel Physician Clinic Accept Appointments?\*

Scheduled Appointments

Walk-in Appointments ; only sick visits

Both Scheduled and Walk-in Appointments

Is this Panel Physician Clinic a Current eMedical User?

No.

Please select all that apply.

NOTE: Please contact the Panel Physician clinic to determine whether it currently uses eMedical for any other country with which it is empaneled.

Australia

Canada

New Zealand

Panel Physician Clinic: Time Zone\*

Please select the appropriate Time Zone (UTC) for the Panel Physician clinic location from the dropdown list.

CEST - UTC+2 hours

Panel Physician Clinic: Address\*

Please enter the primary business address of the Panel Physician clinic.

NOTE: If a Panel Physician clinic has multiple clinic locations, please enter each location as a separate submission.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

HATTY Ő UTCA 14. 5. ETELET  
BUDAPEST, HUNGARY, 1015

Panel Physician Clinic: Phone Number\*

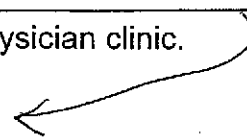
Please enter the primary business phone number of the Panel Physician clinic.

+36-1-224-9090

Panel Physician Clinic: Email\*

info@firstmedcenter.com

Please enter the primary business email address of the Panel Physician clinic.



Panel Physician Clinic: Website

Please enter the primary business website of the Panel Physician clinic.

www.firstmed.hu

Panel Physician Clinic: eMedical Administrator Name\*

Phone nurse

Please enter the name of at least 2 clinic staff members who will be authorized to maintain clinic data and establish eMedical accounts for clinic staff.

Click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields. DATE OF BIRTH and INDIVIDUAL EMAIL ADDRESS are required to establish an eMedical account for all eMedical Administrator users.

Prefix	First Name	Middle Name or Initial	Last Name	Date of Birth (DD/MM/YYYY)	Email Address	IOM ID # (only IOM clinic users)	Gender
	no specific person				phone nurse@firstmedcenter.com		

#### Panel Physician: Name\*

Please enter the name of each Panel Physician who is authorized to complete U.S. IMEs in the agreement with Post.

Click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields. DATE OF BIRTH and INDIVIDUAL EMAIL ADDRESS are required to establish an eMedical account for all Panel Physician users.

Prefix	First Name	Middle Name or Initial	Last Name	Date of Birth (DD/MM/YYYY)	Email Address	IOM ID # (only IOM clinic users)	Gender
DR	TÜNDE	GYÖRGYI		11/05/1960	gyorgyi@firstmedcenter.com		F
DR	FRANCISKA	BAKOS		27/09/1981	bakos@firstmedcenters.com		F
DR	AGNES	HEGEDÜS		29/01/1980	hegedusa@firstmedcenters.com		F
DR	GABRIELLA	BENE		01/03/1962	bene@firstmedcenters.com		F
DR	VERONIKA	BOROS		27/06/1949	boros@firstmedcenters.com		F

#### Radiology Facility\*

Please select one answer below to indicate where the Radiological services associated with this Panel Physician clinic location are provided.

☒ On-site facility

☐ Offsite facility

Both On-site and Offsite facilities

Number of Radiologists (On-site)\*

Please enter the number of Radiologists affiliated with this clinic.

NOTE: If a Panel Physician clinic annually processes 20,000 or fewer IMEs, then a maximum of 3 Radiologists (in total at all on-site and offsite locations) can be affiliated with the Panel Physician clinic for processing x-ray image results.

two (2)

Radiologist: Name (On-site)\*

Please click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields. DATE OF BIRTH and INDIVIDUAL eMAIL ADDRESS are required to establish an eMedical account for all Radiologist users.

Prefix	First Name	Middle Name or Initial	Last Name	Date of Birth (DD/MM/YYYY)	Email Address	IOM ID # (only IOM clinic users)	Gender
DR	TIAGOLNA	HEGEDUS		20/08/1945	hegedus@firstmedcenter.com		F
DR	ZSUZSANNA	SOMOS		02/02/1950	somos@firstmedcenters.com		F

Radiology Facility: Name (Offsite 1)\*

Please enter the name of this offsite Radiology facility.

N/A

Number of Radiologists (Offsite 1)\*

Please enter the number of Radiologists affiliated with this offsite clinic.

NOTE: If a Panel Physician clinic annually processes 20,000 or fewer IMEs, then a maximum of 3 Radiologists (in total at all on-site and offsite locations) can be affiliated with the Panel Physician clinic for processing x-ray image results.

N/A

Radiologist: Name (Offsite 1)\*

Please click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields. DATE OF BIRTH and INDIVIDUAL eMAIL ADDRESS are required to establish an eMedical account for all Radiologist users.

Prefix	First Name	Middle Name or Initial	Last Name	Date of Birth (DD/MM/YYYY)	Email Address	IOM ID # (only IOM clinic users)	Gender
N/A							

Radiology Facility: Time Zone (Offsite 1)\*

Please select the appropriate Time Zone (UTC) for this offsite Radiology facility from the dropdown list.

N/A

Radiology Facility: Address (Offsite 1)\* N/A

Please enter the primary business address of this offsite Radiology facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

Radiology Facility: Phone Number (Offsite 1)\*

Please enter the primary business phone number of this offsite Radiology facility.

N/A

Radiology Facility: Email (Offsite 1)\*

Please enter the primary business email address of this offsite Radiology facility.

N/A

Radiology Facility: Website (Offsite 1)

Please enter the primary business website of this offsite Radiology facility (if known).

N/A

Radiology Facility (Offsite 2)\*

Does this Panel Physician clinic location utilize the services of a second offsite Radiological facility?

Yes

No

Radiology Facility: Name (Offsite 2)\*

Please enter the name of this offsite Radiological facility.

N/A

Number of Radiologists (Offsite 2)\*

Please enter the number of Radiologists affiliated with this offsite clinic.

NOTE: If a Panel Physician clinic annually processes 20,000 or fewer IMEs, then a maximum of 3 Radiologists (in total at all on-site and offsite locations) can be affiliated with the Panel Physician clinic for processing x-ray image results.

N/A

Radiologist: Name (Offsite 2)\*

Please click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields. DATE OF BIRTH and INDIVIDUAL EMAIL ADDRESS are required to establish an eMedical account for all Radiologist users.

Prefix	First Name	Middle Name or Initial	Last Name	Date of Birth (DD/MM/YYYY)	Email Address	IOM ID # (only IOM clinic users)	Gender
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N/A

Radiology Facility: Time Zone (Offsite 2)\*

Please select the appropriate Time Zone (UTC) for this offsite Radiological facility from the dropdown list.

N/A

Radiology Facility: Address (Offsite 2)\*

Please enter the primary business address of this offsite Radiological facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

Radiology Facility: Phone Number (Offsite 2)\*

Please enter the primary business phone number of this offsite Radiological facility.

N/A

Radiology Facility: Email (Offsite 2)\*

Please enter the primary business email address of this offsite Radiological facility.

N/A

Radiology Facility: Website (Offsite 2)

Please enter the primary business website of this offsite Radiological facility (if known).

N/A

Radiology Facility (Offsite 3)\*

Does this Panel Physician clinic location utilize the services of a third offsite Radiological facility?

Yes

No

Radiology Facility: Name (Offsite 3)\*

Please enter the name of this offsite Radiological facility.

N/A

Number of Radiologists (Offsite 3)\*

Please enter the number of Radiologists affiliated with this offsite clinic.

NOTE: If a Panel Physician clinic annually processes 20,000 or fewer IMEs, then a maximum of 3 Radiologists (in total at all on-site and offsite locations) can be affiliated with the Panel Physician clinic for processing x-ray image results.

N/A

Radiologist: Name (Offsite 3)\*

Please click the + icon on the right to add additional names.  
NOTE: Please complete all of the requested data fields. DATE OF BIRTH and INDIVIDUAL EMAIL ADDRESS are required to establish an eMedical account for all Radiologist users.

Prefix	First Name	Middle Name or Initial	Last Name	Date of Birth (DD/MM/YYYY)	Email Address	IOM ID # (only IOM clinic users)	Gender
N/A							

Radiology Facility: Time Zone (Offsite 3)\*

Please select the appropriate Time Zone (UTC) for this offsite Radiological facility from the dropdown list.  
N/A

Radiology Facility: Address (Offsite 3)\*

Please enter the primary business address of this offsite Radiological facility.  
Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country  
N/A

Radiology Facility: Phone Number (Offsite 3)\*

Please enter the primary business phone number of this offsite Radiological facility.  
N/A

Radiology Facility: Email (Offsite 3)\*

Please enter the primary business email address of this offsite Radiological facility.  
N/A

Radiology Facility: Website (Offsite 3)



Please enter the primary business website of this offsite Radiological facility (if known).

N/A

### Mental Health Facility\*

Please select one answer below to indicate where the Mental Health services associated with this Panel Physician clinic location are provided.

☒ On-site facility

☐ Offsite facility

☐ Both On-site and Offsite facilities

### Mental Health Facility: Name (Offsite 1)\*

Please enter the name of this offsite Mental Health facility.

Fluoroth N/A

### Mental Health Professional: Name (Offsite 1)\*

Please click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields.

Prefix	First Name	Middle Name or Initial	Last Name	Gender
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N/A

### Mental Health Facility: Address (Offsite 1)\*

Please enter the primary business address of this offsite Mental Health facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

### Mental Health Facility: Phone Number (Offsite 1)\*

Please enter the primary business phone number of this offsite Mental Health facility.

N/A

Mental Health Facility: Email (Offsite 1)\*

Please enter the primary business email address of this offsite Mental Health facility.

N/A

Mental Health Facility: Website (Offsite 1)

Please enter the primary business website of this offsite Mental Health facility (if known).

N/A

Mental Health Facility (Offsite 2)\*

Does this Panel Physician clinic location utilize the services of a second offsite Mental Health facility?

Yes

No

Mental Health Facility: Name (Offsite 2)\*

Please enter the name of this offsite Mental Health facility.

N/A

Mental Health Professional: Name (Offsite 2)\*

Please click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields.

Prefix

First Name

Middle Name or Initial

Last Name

Gender

N/A

Mental Health Facility: Address (Offsite 2)\*

Please enter the primary business address of this offsite Mental Health facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

Mental Health Facility: Phone Number (Offsite 2)\*

Please enter the primary business phone number of this offsite Mental Health facility.

N/A

Mental Health Facility: Email (Offsite 2)\*

Please enter the primary business email address of this offsite Mental Health facility.

N/A

Mental Health Facility: Website (Offsite 2)

Please enter the primary business website of this offsite Mental Health facility (if known).

N/A

Mental Health Facility (Offsite 3)\*

Does this Panel Physician clinic location utilize the services of a third offsite Mental Health facility?

Yes

☒ No

Mental Health Facility: Name (Offsite 3)\*

Please enter the name of this offsite Mental Health facility.

N/A

Mental Health Professional: Name (Offsite 3)\*

Please click the + icon on the right to add additional names.

NOTE: Please complete all of the requested data fields.

Prefix

First Name

Middle Name or Initial

Last Name

Gender

N/A

Mental Health Facility: Address (Offsite 3)\*

Please enter the primary business address of this offsite Mental Health facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

Mental Health Facility: Phone Number (Offsite 3)\*

Please enter the primary business phone number of this offsite Mental Health facility.

N/A

Mental Health Facility: Email (Offsite 3)\*

Please enter the primary business email address of this offsite Mental Health facility.

N/A

Mental Health Facility: Website (Offsite 3)

Please enter the primary business website of this offsite Mental Health facility (if known).

N/A

Syphilis and/or Gonorrhea Laboratory\*

Please select one answer below to indicate where the Syphilis and/or Gonorrhea Laboratory services associated with this Panel Physician clinic location are provided.

On-site facility

Offsite facility

Both On-site and Offsite facilities

On-site : syphilis  
Off-site : Gonorrhea

Syphilis and/or Gonorrhea Laboratory: Name (Offsite 1)\*

Please enter the name of this offsite Syphilis and/or Gonorrhea laboratory.

Synlab Hungery Kft.

Syphilis and/or Gonorrhea Laboratory: Address (Offsite 1)\*

Please enter the primary business address of this offsite Syphilis and/or Gonorrhea laboratory.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

Weiss Manfred ut 5-7  
Budapest, 1211, HUNGARY

Syphilis and/or Gonorrhea Laboratory: Phone Number (Offsite 1)\*

Please enter the primary business phone number of this offsite Syphilis and/or Gonorrhea laboratory.

+36-1-5888500

Syphilis and/or Gonorrhea Laboratory: Email (Offsite 1)\*

Please enter the primary business email address of this offsite Syphilis and/or Gonorrhea laboratory.

hungary@syneb.com

Syphilis and/or Gonorrhea Laboratory: Website (Offsite 1)

Please enter the primary business website of this offsite Syphilis and/or Gonorrhea laboratory (if known).

www.syneb.hu

Syphilis and/or Gonorrhea Laboratory (Offsite 2)\*

Does this Panel Physician clinic location utilize the services of a second offsite Syphilis and/or Gonorrhea laboratory?

Yes

☒ No

Syphilis and/or Gonorrhea Laboratory: Name (Offsite 2)\*

Please enter the name of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Syphilis and/or Gonorrhea Laboratory: Address (Offsite 2)\*

Please enter the primary business address of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

Syphilis and/or Gonorrhea Laboratory: Phone Number (Offsite 2)\*

Please enter the primary business phone number of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Syphilis and/or Gonorrhea Laboratory: Email (Offsite 2)\*

Please enter the primary business email address of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Syphilis and/or Gonorrhea Laboratory: Website (Offsite 2)

Please enter the primary business website of this offsite Syphilis and/or Gonorrhea laboratory (if known).

N/A

Syphilis and/or Gonorrhea Laboratory (Offsite 3)\*

Does this Panel Physician clinic location utilize the services of a third offsite Syphilis and/or Gonorrhea laboratory?

Yes

☒ No

Syphilis and/or Gonorrhea Laboratory: Name (Offsite 3)\*

Please enter the name of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Syphilis and/or Gonorrhea Laboratory: Address (Offsite 3)\*

Please enter the primary business address of this offsite Syphilis and/or Gonorrhea laboratory.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

Syphilis and/or Gonorrhea Laboratory: Phone Number (Offsite 3)\*

Please enter the primary business phone number of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Syphilis and/or Gonorrhea Laboratory: Email (Offsite 3)\*

Please enter the primary business email address of this offsite Syphilis and/or Gonorrhea laboratory.

N/A

Syphilis and/or Gonorrhea Laboratory: Website (Offsite 3)

Please enter the primary business website of this offsite Syphilis and/or Gonorrhea laboratory (if known).

N/A

TB Sputum Collection Laboratory\*

Please select one answer below to indicate where the TB Sputum Collection Laboratory associated with this Panel Physician clinic location are provided.

On-site facility

Offsite facility

Both On-site and Offsite facilities

Országos Kordanyi Pulmonológiai Intézet  
Bakteriológiai laboratórium

TB Sputum Collection Site: Name (Offsite 1)\*

Please enter the name of this offsite TB Sputum Collection Site.



TB Sputum Collection Site: Address (Offsite 1)\*

Please enter the primary business address of this offsite TB Sputum Collection Site.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

Pihenő út 1., BUDAPEST, 1121, HUNGARY

TB Sputum Collection Site: Phone Number (Offsite 1)\*

Please enter the primary business phone number of this offsite TB Sputum Collection Site.

+36-1-3913200; extension 3096

TB Sputum Collection Site: Email (Offsite 1)\*

Please enter the primary business email address of this offsite TB Sputum Collection Site.

info@koranyi.hu

TB Sputum Collection Site: Website (Offsite 1)

Please enter the primary business website of this offsite TB Sputum Collection Site(if known).

www.koranyi.hu

TB Sputum Collection Site (Offsite 2)\*

Does this Panel Physician clinic location utilize the services of a second offsite TB Sputum Collection Site?

Yes

☒ No

TB Sputum Collection Site: Name (Offsite 2)\*

Please enter the name of this offsite TB Sputum Collection Site.

N/A

TB Sputum Collection Site: Address (Offsite 2)\*

Please enter the primary business address of this offsite TB Sputum Collection Site.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

TB Sputum Collection Site: Phone Number (Offsite 2)\*

Please enter the primary business phone number of this offsite TB Sputum Collection Site.

N/A



TB Sputum Collection Site: Email (Offsite 2)\*

Please enter the primary business email address of this offsite TB Sputum Collection Site.

N/A

TB Sputum Collection Site: Website (Offsite 2)

Please enter the primary business website of this offsite TB Sputum Collection Site (if known).

N/A

TB Sputum Collection Site (Offsite 3)\*

Does this Panel Physician clinic location utilize the services of a third offsite TB Sputum Collection Site?

Yes

No

TB Sputum Collection Site: Name (Offsite 3)\*

Please enter the name of this offsite TB Sputum Collection Site.

N/A

TB Sputum Collection Site: Address (Offsite 3)\*

Please enter the primary business address of this offsite TB Sputum Collection Site.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

TB Sputum Collection Site: Phone Number (Offsite 3)\*

Please enter the primary business phone number of this offsite TB Sputum Collection Site.

N/A

TB Sputum Collection Site: Email (Offsite 3)\*

Please enter the primary business email address of this offsite TB Sputum Collection Site.

N/A

TB Sputum Collection Site: Website (Offsite 3)

Please enter the primary business website of this offsite TB Sputum Collection Site (if known).

N/A

TB Smears/Cultures Laboratory\*

Please select one answer below to indicate where the TB Smears/Cultures Laboratory services associated with this Panel Physician clinic location are provided.

On-site facility

Offsite facility

Both On-site and Offsite facilities

TB Smears/Cultures Laboratory: Name (Offsite 1)\*

Please enter the name of this offsite TB Smears/Cultures Laboratory.

ORSZÁGOS KORÁNYI PULMONOLÓGIAI INTÉZET  
BAKTERIOLOGIAI LABORATORIUM

TB Smears/Cultures Laboratory: Address (Offsite 1)\*

Please enter the primary business address of this offsite TB Smears/Cultures Laboratory.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

PIHENŐ ÚT, BUDAPEST, HUNGARY, 1121

TB Smears/Cultures Laboratory: Phone Number (Offsite 1)\*

Please enter the primary business phone number of this offsite TB Smears/Cultures Laboratory.

+36-1-391 3200 extension 3096

TB Smears/Cultures Laboratory: Email (Offsite 1)\*

Please enter the primary business email address of this offsite TB Smears/Cultures Laboratory.

info@koranyi.hu

TB Smears/Cultures Laboratory: Website (Offsite 1)

Please enter the primary business website of this offsite TB Smears/Cultures Laboratory (if known).

www.koranyi.hu

TB Smears/Cultures Laboratory (Offsite 2)\*

Does this Panel Physician clinic location utilize the services of a second offsite TB Smears/Cultures Laboratory?

Yes

No

TB Smears/Cultures Laboratory: Name (Offsite 2)\*

Please enter the name of this offsite TB Smears/Cultures Laboratory.

N/A

TB Smears/Cultures Laboratory: Address (Offsite 2)\*

Please enter the primary business address of this offsite TB Smears/Cultures Laboratory.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

TB Smears/Cultures Laboratory: Phone Number (Offsite 2)\*

Please enter the primary business phone number of this offsite TB Smears/Cultures Laboratory.

N/A

TB Smears/Cultures Laboratory: Email (Offsite 2)\*

Please enter the primary business email address of this offsite TB Smears/Cultures Laboratory.

N/A

TB Smears/Cultures Laboratory: Website (Offsite 2)

Please enter the primary business website of this offsite TB Smears/Cultures Laboratory (if known).

N/A

TB Smears/Cultures Laboratory (Offsite 3)\*

Does this Panel Physician clinic location utilize the services of a third offsite TB Smears/Cultures Laboratory?

Yes

No

TB Smears/Cultures Laboratory: Name (Offsite 3)\*

Please enter the name of this offsite TB Smears/Cultures Laboratory.

N/A

TB Smears/Cultures Laboratory: Address (Offsite 3)\*

Please enter the primary business address of this offsite TB Smears/Cultures Laboratory.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

TB Smears/Cultures Laboratory: Phone Number (Offsite 3)\*

Please enter the primary business phone number of this offsite TB Smears/Cultures Laboratory.

N/A

TB Smears/Cultures Laboratory: Email (Offsite 3)\*

Please enter the primary business email address of this offsite TB Smears/Cultures Laboratory.

N/A

TB Smears/Cultures Laboratory: Website (Offsite 3)

Please enter the primary business website of this offsite TB Smears/Cultures Laboratory (if known).

N/A

TB Treatment Facility\*

Please select one answer below to indicate where the TB Treatment Facility associated with this Panel Physician clinic location are provided.

On-site facility

Offsite facility

Both On-site and Offsite facilities

TB Treatment Facility: Name (Offsite 1)\*

Please enter the name of this offsite TB Treatment Facility.

ORSZÁGOS KORÁNYI PULMONOLÓGIAI INTÉZET

TB Treatment Facility: Address (Offsite 1)\*

Please enter the primary business address of this offsite TB Treatment Facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

PIKENS UT 1, BUDAPEST, HUNGARY, 1121

TB Treatment Facility: Phone Number (Offsite 1)\*

Please enter the primary business phone number of this offsite TB Treatment Facility.

+36-1-391 3200

TB Treatment Facility: Email (Offsite 1)\*

Please enter the primary business email address of this offsite TB Treatment Facility.

info@koranyi.hu

TB Treatment Facility: Website (Offsite 1)

Please enter the primary business website of this offsite TB Treatment Facility (if known).

www.koranyi.hu

TB Treatment Laboratory (Offsite 2)\*

Does this Panel Physician clinic location utilize the services of a second offsite TB Smears/Cultures Laboratory?

Yes

No

TB Treatment Facility: Name (Offsite 2)\*

Please enter the name of this offsite TB Treatment Facility.

N/A

TB Treatment Facility: Address (Offsite 2)\*

Please enter the primary business address of this offsite TB Treatment Facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

TB Treatment Facility: Phone Number (Offsite 2)\*

Please enter the primary business phone number of this offsite TB Treatment Facility.

N/A

TB Treatment Facility: Email (Offsite 2)\*

Please enter the primary business email address of this offsite TB Treatment Facility.

N/A

TB Treatment Facility: Website (Offsite 2)

Please enter the primary business website of this offsite TB Treatment Facility (if known).

N/A

TB Treatment Laboratory (Offsite 3)\*

Does this Panel Physician clinic location utilize the services of a third offsite TB Smears/Cultures Laboratory?

Yes

☒ No

TB Treatment Facility: Name (Offsite 3)\*

Please enter the name of this offsite TB Treatment Facility.

N/A

TB Treatment Facility: Address (Offsite 3)\*

Please enter the primary business address of this offsite TB Treatment Facility.

Street Address Address Line 2 City State / Province / Region ZIP / Postal Code Country

N/A

TB Treatment Laboratory: Phone Number (Offsite 3)\*

Please enter the primary business phone number of this offsite TB Treatment Laboratory.

N/A

TB Treatment Facility: Email (Offsite 3)\*

Please enter the primary business email address of this offsite TB Treatment Facility.

N/A

TB Treatment Facility: Website (Offsite 3)

Please enter the primary business website of this offsite TB Treatment Facility (if known).

N/A

Comments

N/A



**Dr. Tünde Györgyi**  
**FirstMed-FMC Kft.**  
1015 Budapest, Hattyú u. 14.  
HUNGARY  
Tel.: +36-1-224-9090  
Fax: +36-1-224-9091  
gyorgyi@firstmedcenters.com