مستشفى جاما
Gama Hospital

INITIAL MEDICAL ACCEPTANCE

Patient Name:
Patient ID:
Referring Hospital:
Referral Date :

The above patient is Accepted by Gama Hospital.

Kindly provide us with the following in order to finalize the acceptance:

- ☐ Copy of the ID
- ■ Insurance approval
- ☐ Detailed Medical Report with investigations done.

Kindly note:

You must receive the "final acceptance" before patient's transfer.

GAMA Hospital Business Center
مستشفى جاما مركز الأعمال

Contact number :