مستشفى جاما
Gama Hospital

FINAL MEDICAL ACCEPTANCE

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

The above patient is **Finally Accepted** under the care of:

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:

The bed is available for only 24 hrs.

GAMA Hospital Business Center
مستشفى جاما مركز الأعمال

The patient must be fit for transfer.

Contact number: