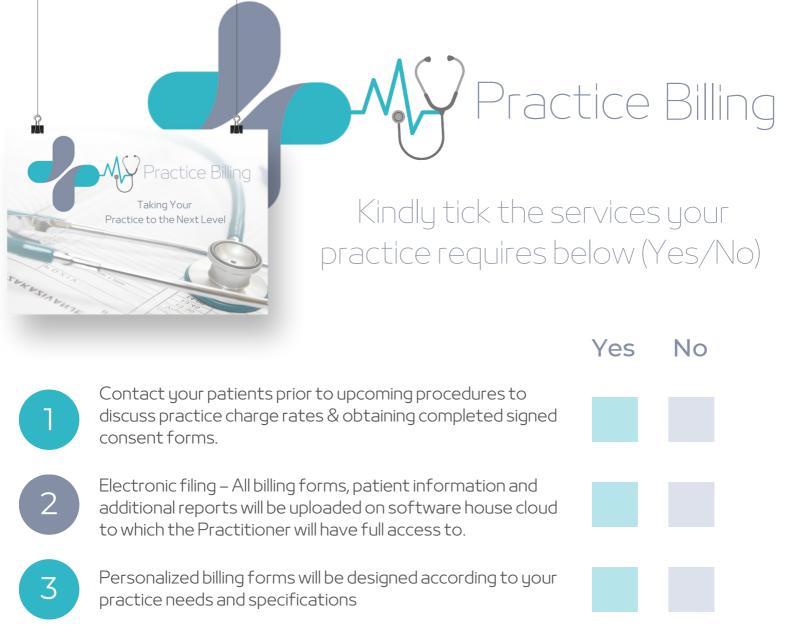


## Kindly complete questionnaire below in order for us to provide you with an accurate quotation / feedback

All your information provided will be handled confidentially and will not be used for any other purposes and will be used in accordance with POPIA

Healthcare Professional Name	
Practice Number	City / Province
Speciality Type	
Email Address	Contact Number
Additional Request / Information	



Obtain Guarantee of Payment (GOP) from international

For new as well as existing practices - registrations with

Obtaining payments from Private Patients prior to

Advice on contracts to join with medical aids

insurances

medical aids

Written Cost Estimates

upcoming medical procedures



Kindly email the completed questionnaire to a info@mypracticesa.co.za

Thank You