

CONTACT FORM

Please send us the contact form by mail to info@medtour.at or fax +43 1 9047864.

Family name

First name

Date of birth Gender Male Female

Address

Zip Code City

Phone

Fax

Email

Way of payment Self finance Insurance Embassy Sponsored

Name of the Insurance Company

Name of the Embassy

Does the patient need a translator

Language

Aim of your trip

Medical Treatment Check-up Diagnostic investigation Rehabilitation

Please, describe your Problem, Diagnosis briefly

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Desired time of your trip

Indicated above we ask data in addition if available completing to the Laboratory results, X-ray Results (MRI, CT, Ultrasound), per fax or email.