



Shahid Beheshti University
of Medical Sciences

Hospital ...

Hospital logo

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Document title: Hospital contract form with international patient

This contract is concluded in order to provide diagnostic, preventive, treatment and rehabilitation services with foreign patients, with the patient with the following specifications:

Name and family name: date of birth: gender:

Marital status: Country: Passport No.

Phone number: Date of acceptance: and Hospital.

Contract Subject:

Providing diagnostic / therapeutic / rehabilitation services to non-Iranian clients in the form of the attached package.

Name of the physician:

Diagnosis:

Approximate cost of treatment package (with diagnostic procedures and hospitalization):

From..... (\$)

Name of the ward: room number: bed number:

I, have read this contract and I am fully aware of the cost of the entire medical procedure at Hospital and I agree to it.

I will also pay for the items separately if they need to be done outside of the mentioned service package.

Name and signature
of the patient:

Name and the
signature of the person
accompanied the

Signature of
medical tourism
expert:

Signature of
accounting unit:

Note:

**In case of patient cancellation for any reason, the refund may take 72 hours and the refund will be to the patient's valid card number / account or the patient's legal representative.