

BARKOD ALANI



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YURT DIŐI HASTA BİREYSEL TERCİH SORGULAMA FORMU
OVERSEAS PATİENT İNDİVİDUAL PREFERENCE İNQUIRY FORM

Thank you for choosing Yeni Yüzyıl University Private Gaziosmanpaşa Hospital. To provide you with the highest level of personalized service, we kindly ask you to fill out this form to determine your specific preferences in advance. You can be assured that your requests will be addressed by the International Patient Center, within legal and medical capabilities. Please do not hesitate to contact us for any questions or requests. We wish you happy and healthy days from the International Patient Center.

Name Surname : Date of Birth : / /

Nationality : Gender :

COMMUNICATION PREFERENCES

Phone Number :

Communication Language :

Note :

TRAVEL PREFERENCESAirport /On-board Assistant / Use of Medical Devices : None Yes

Note :

Flight Class Preference Economy Business

Note :

Airport - Hospital - Guest House Transfer Preference Vehicle Classification Car Ambulance
 Van Other

Note :

ACCOMMODATION PREFERENCESHospital Standard Connection Suit VIP Suit

Additional Medical Needs / Equipment :

Note :

Hotel - Guest House Number of Rooms and Beds :

Type : Full Room-Breakfast

Note :

FOOD AND BEVERAGE PREFERENCES Vegetarian Halal Food Kosher Food Vegan Gluten Free Other**CULTURAL PREFERENCES AND REQUESTS** Worship Areas Spiritual Counseling Preferences Other**COMPANION PREFERENCES**Companion - Caregiver Request : Full Time Part Time Own Companion**ADDITIONAL REQUESTS** Personal Care Requests Privacy Requests Visiting Hours Preferences Other Smoking Yes None

Note:

WHAT SITUATION DO YOU WANT TO SPECIFICALLY STATE?

Note: