Medical Tourism Clinic Partnership Template

Clinic Information

| Clinic Name |
|----------------------|
| |
| Location |
| |
| Contact Person |
| |
| Email |
| |
| Phone |
| |
| Website |
| |
| |
| Partner Organization |
| Organization Name |
| |
| Contact Person |
| |
| Email |
| |
| Phone |
| |
| Location |
| |

Partnership Details

Partnership Objectives

| Scope of Collaboration | |
|--------------------------------|--|
| | |
| Services Provided | |
| | |
| Financial Terms | |
| | |
| Duration | |
| | |
| Additional Notes | |
| | |
| | |
| Authorization | |
| Authorized Signatory (Clinic) | |
| | |
| Date | |
| | |
| Authorized Signatory (Partner) | |
| | |
| Date | |
| | |