## **Medical Tourism Leader Report Form**

Leader Name
Organization
Date
Patient Details
Patient Nationality
Number of Patients Assisted
Type of Treatment Provided
Travel Details
Travel Details Country of Origin
Country of Origin
Destination Facility
Destination Facility
Travel Dates
Travel Bulge
Outcomes and Feedback
Outcomes
Issues/Challenges Faced
issues/Challenges Faceu
Suggestions for Improvement
Additional Comments