CROSSFIRES HEALTH TECHS

"A Single Window Service for Hospitals"

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" SQUARE SPACE " J-2 , No. 37 , Govinda Street, Ayyavoo Naidu colony, Aminjikarai, Chennai,India, Pin-600029.

EYE CLINIC REGISTRATION FORM

Name of Clinic	
Clinic Address:	
City/Town:	
State/Province:	
Postal Code:	
Contact Number:	
Email Address:	
Website (if any):	
Ownership & Management	
Owner/Proprietor Name:	
Registration Number:	
Contact Number:	
Email Address:	
Clinic Type	
General Ophthalmology	
Specialty (Please specify):	
Multi-specialty Eye Clinic	
Other (Please specify):	

Facilities & Services Available	
Consultation Rooms	
Refraction Unit	
Optical Dispensing	
Minor OT (Operation Theatre)	
Major OT	
Diagnostic Imaging (OCT, Fundus Camera, etc.)	
Visual Field Testing	
Contact Lens Clinic	
Pediatric Eye Care	
Emergency Eye Services	
Others (Please specify):	
Operating Hours	
Days Open:	
Opening Time:	
Closing Time:	
Legal & Regulatory	
Clinic Registration Number (if available):	
Date of Establishment:	
Affiliations / Accreditations (if any):	
Previous Registration with Medical Council (if any):	

Declaration

We hereby declare that the information provided above is true and correct to the best of my knowledge.

Free Consultations and Discounts on Procedures

By partnering with Crossfires Health Techs, We agree for free initial consultations for all new patients visiting by this scheme. Eligible patients will receive special discounts on selected medical procedures. The details of the discounts, including the percentage and applicable procedures, will be communicated at the time of consultation or inquiry.

Signature

Owner/Manager

NAME **DATE & SEAL**