

FIRST ENQUIRY FORM

Please write clearly. About 2 minutes.

* Required. Other questions are optional.

Need help? Reception can assist you.

Bhoothnath Road, Near SBI Bank, Patliputra Eye Care, 4th Floor, Patna - 800004

Appointments: 93863 65513 | Consultation hours: 10 AM-5 PM

1 CONTACT DETAILS

Full name *

Mobile number *

City / locality

Contact me by *: ☐ Phone call ☐ WhatsApp ☐ Either

Best callback time: ☐ 10 AM-12 PM ☐ 12 PM-2 PM ☐ 2 PM-5 PM

2 HOW CAN WE HELP? (OPTIONAL)

Tick any that apply, or discuss privately with the doctor.

☐ General consultation / not sure

☐ Difficulty conceiving

☐ Male fertility advice

☐ IUI / IVF / ICSI guidance

☐ Second opinion

Consultation for: ☐ Myself ☐ Partner ☐ Both of us Age: _____ years

3 VISIT PREFERENCES (OPTIONAL)

Preferred visit date (DD/MM/YYYY)

Preferred visit time:

☐ 10 AM-12 PM

☐ 12 PM-2 PM

How did you hear about us?

☐ 2 PM-5 PM

☐ Google / Maps

☐ Social media

☐ Doctor

☐ Friend / family

☐ Camp / banner

☐ Other

Your preferred appointment is subject to confirmation by the clinic.

☐ I agree that Vansh IVF may use my details to record this enquiry and contact me about it using my selected method. This is not consent to treatment or promotions. *

Details are for authorised clinic staff. For correction or deletion requests, call 93863 65513.

Applicable record-retention requirements may apply. Do not attach ID documents or medical reports.

Patient / person completing form: signature or thumb impression

Date

FOR CLINIC USE ONLY

Enquiry ID: _____ Received on: _____ Assigned to: _____

Status: _____ Next follow-up: _____ Entered in e-form: Yes / No