## **Medicoor Partnership Application Form**

## **Medical facility Information**

Facility Name:faci name
Facility Address(city,country):Los Alamos
Country Tel Code:+91
Facility Cell Phone(whatsapp):0123456789
Facility Type:
Facility Specialties:

## **Medical Doctor Information**

Doctor's Specialty:
Doctor's Cell Phone(whatsapp):
Doctor's National Order#:
Doctor's City and Country:
Doctor's Mobile Money#:
Availabilty for online consultations(days and time):