Mile to Smile
smile with us

Order Form

Date:	

Patient details:		
Name:	Last Name:	Date of Birth:
Passport Number:	Country:	City:
Estimated Arrival Date:		

Accompanying person: ☐ **YES** ☐ **NO** **If yes please write the details here:**		
Name:	Last Name:	Date of Birth:
Passport Number:	Country:	City:
Estimated Arrival Date:		

Treatment type:			
☐	Ceramic crown	☐	Dental Implant
☐	Ceramic veneers	☐	Complete denture
☐	Whitening teeth	☐	Extraction of impacted canine/wisdom teeth
☐	For Other:		

Hotel:	☐	5 Stars			☐	4 Stars
Room:	☐	Single			☐	Couple
Driver:	☐	Full time (Max 8 hours)			☐	Part time
Car type:	☐	Standard			☐	Luxury
Host Service:	☐	Full time (Max 8 hours			☐	Part time
Reservation:	☐	Restaurant	☐	Clubs	☐	Museums
Any Special Demands?						

Payment Details		
☐ Wire	☐ Credit Card	☐ Other
For Other:		