



Clinic name

Address · Phone · Licence no.

Your treatment plan

What we will do, when, and what is paid and still due. One copy for you, one for your file.

Patient name File no. Date of birth
Phone Date Doctor
Plan or package Start date
Plan coordinator Contact: phone or WhatsApp
The goal, in one sentence

Sessions

No.	What	Planned for	Done on	Doctor

Payment

Plan total Discount Paid so far Still due

Instalment	Due at session	Amount	Paid on	Receipt no.

How we measure progress

What we measure Reading at the start
When we measure again What we aim for

What you commit to

- ☐ Coming to sessions on time
- ☐ Following the aftercare instructions
- ☐ Telling us if your health or medicines change
- ☐ Paying as in the schedule above

Cancelling and pausing

The clinic writes its own policy on these three lines.

Moving or missing an appointment
Pausing the plan
Cancelling and refunds

Patient's signature

Doctor's signature

Date

In Medicolize this document lives on the patient file: medicolize.com