



SURGICAL TOURISM CANADA INC.

Healthcare without borders

Request for information about cosmetic surgery

Name (print) _____

Age (Optional) _____

Street _____

City _____ Province _____ Postal code _____

Date _____ Signature of client _____

Tel _____

What Type of cosmetic surgery service are you considering, please specify?

Have you read over our privacy policy Yes _____ No _____

When you have completed this form please fax it to 778-574-7253.

If you have any questions please call 604-575-4316 (*All calls will be dealt with in strict confidentiality*)