



CanHOPE <CITY>
xxxx
xxxx
xxxx
24-hour helpline: x
Email: x

Code: BTN (10% BTN PRIORITAS/Private Customers)

< City >, < Date >

To: BTN Prioritas/Private
Cc: Parkway Cancer Centre Singapore

Re: Consultation*

BTN Prioritas/Private 10% Discount

Dear Sir/Mdm,

Herewith, we would like to inform you that we have arranged the consultation as follows:

Name of Patient :
Priority/Private Card Holder :
Priority/Private Card Number :
Relationship with Patient : <Wife/Husband/ Father/Mother/Daughter/Son>
Date of Consultation :
Doctor Name :
Clinic Address :

Please feel free to contact CanHOPE team at < PIC contact number > or +62 811-1934-673 should there be any changes.

Terms & Condition:

- 10 percent (10%) discount on doctor consultation fee valid for first and subsequent consultations at Parkway Cancer Centre clinics.
- This discount shall not be applicable in conjunction with other discounts and treatment Packages.
- Please present this Consultation Appointment Letter upon registration in Parkway Cancer Centre Clinic.
- Payment shall be made by BTN Prioritas/Private Debit Card, BTN Credit Card, BTN transfer and/or cash.
- This Letter shall take effect from the date of issued and is valid for thirty (30) days only

Best regards,

<NAME>
< CanHOPE City >