

Dear Valued Guest:

Following your request to use the complimentary telephone consultation service provided by Medical Solutions in partnership with AXA, please find attached the terms of use for this service.

In order to request this service, please **reply to this email** and provide the below details:

**1/ Specify “I agree”** to confirm that you accept the terms of use attached to this email. Your formal consent is required in order to set up the telephone consultation in partnership with AXA.

**2/ Fill-in your contact details** in the table below.

Please contact the Front Desk with any questions you may have regarding this service.

<b>Required information</b> <i>Informations requises</i>	<b>Contact details to complete</b> <i>A compléter</i>
Patient’s first name and last name <i>Prénom et nom du patient</i>	
Name and last name of person to contact (if different from the patient) <i>Prénom et nom de la personne à contacter</i> <i>(Si différente du patient)</i>	
If contact person is not the patient, indicate their relationship to the patient <i>Si le patient et la personne à contacter sont</i> <i>différents, lien avec le patient</i>	
Email address of the patient or contact person	

<i>Adresse email du patient ou de la personne à contacter</i>	
Phone number of the patient or contact person (with country code) <i>Numéro de téléphone du patient ou de la personne à contacter (avec indicatif pays)</i>	
Required language for the consultation : French or English  Langue de la consultation: Français ou Anglais	
Country & city where the patient is located <i>Pays et ville dans lequel se trouve le patient</i>	
Country of main residence of the patient <i>Pays de résidence du patient</i>	

Regards,

Fairmont Mayakoba Team