



**Mr. Parlog Dragos Petrisor**

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Hannover, May 27<sup>th</sup> , 2009

Dear Mr. Parlog Dragos Petrisor,

Prof. Samii has recommended, that you receive clinical treatment in the International Neuroscience Institute.

As the date for hospital admission and operation we have reserved

**Wednesday, June 17<sup>th</sup> , 2009 9.00 am.**

The total costs for your hospital stay (app. 2-3 weeks), diagnostic, surgery and necessary medical examinations will amount to **approximately**

**€ 50.000,-.**

This amount must be deposited in our bank account prior to admission or covered by a cost letter from the embassy.

You may arrange for a transfer of the deposit to:

**Account Holder: INI Hannover GmbH**  
**Bank: Sparkasse Hannover**  
**Account Number: 85 81 88**  
**Bank Code: 250 501 80**  
**SWIFT-Code: SPKHDE2H**  
**IBAN : DE04 2505 0180 0000 8581 88**  
**Patientname : .....**

**Please inform us one week before your definite admission if you will arrive on the set date.**

To avoid any problems we would kindly ask you to bring proof of payment with you on the day of admission.

Please note that we have to charge you the banking fees if you pay the deposit by credit card.

If there is any remaining amount of your deposit this would, of course, be refunded to you with the final invoice **3 months** after hospital discharge. For this purpose and further correspondence, please give us your exact mailing address and your banking details.

**For Iranian Patients only:**

**At the present time, there are some problems, within the EU Directive 423, to refund money from the EU countries to Iran. Because of this, we kindly ask you, to send prior to admission an European bank account, to simplify the procedure.**

Please note that accompanying persons can only be accommodated in the patients' rooms, if it is medically necessary.

The costs for accompanying persons (room and board) are not covered by the deposit and must be paid by the accompanying person(s) themselves at the time of arrival.

All accommodation costs for accompanying persons must be paid for at the time of departure. Payment can be effected in cash or by credit card. In order to guarantee a smooth transaction of the payment please inform your bank in order to be able to exceed your daily credit limit.

Please let me also know which kind of room you would prefer (single-room, 2-bed room or 3-bed-room). The check out time on your discharge day is latest 10:00 a.m.

Please confirm us a date of admission as soon as possible.

**Important:** In case you take analgesics, do not take acetylsalicylic acid (Aspirin) 10 days before admission! Avoid anticoagulant medication! That you have take any oral antidiabetics , such as Metformin, please contact your general practitioner first.

We can organize a limousine service on request for you.

Also in case you have any questions please do not hesitate to contact me by phone 0049-511-27092-157, fax -154 or e-mail ([pm.international@ini-hannover.de](mailto:pm.international@ini-hannover.de)).

With best regards,

Dajana Borchardt  
INI Hannover GmbH