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Create an account

[NEED HELP](#)



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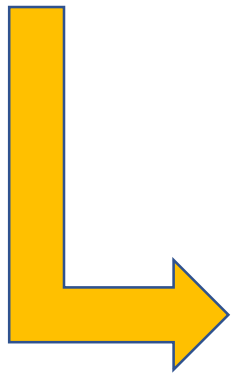
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Log in

Please check your email inbox for login instructions. Please also check your spam/junk folder just in case.

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+ New case

 **My cases**



New Case



 We connect you with qualified US doctors for confidential medical opinions — start your case below.

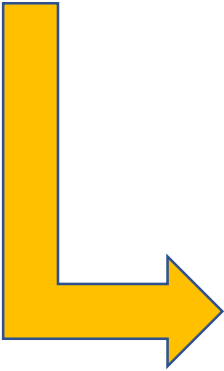
Relationship

Step 1 of 7

Do you want to start a new case for yourself?

No, for someone else

Yes, for me



New Case



Patient Details

Step 2 of 7

Please enter patient details

First Name

Jane

Last Name

Doe

Gender

Female

Date of Birth

01/01/2026

Mobile Number

XXX-XXX-XXXX

Address

XXX

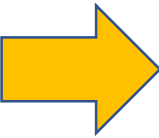
City

Kolkata

Pin Code/Zip Code

XXXXXX

Proceed →



Edit Case

Jane Doe
Female, 1 Jan 2026 (0 years)



Speciality

Step 3 of 7

Choose speciality

Cardiology

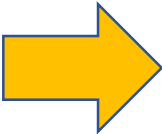
Heart related treatments

Oncology

Cancer related treatments

Pulmonology

Lung Diseases



Your information is private and is only shared with licensed US doctors and the treating team.

Chief Complaint

Step 4 of 7

Please enter your chief complaint

What brings you here? Please describe your main health concern for which you need Vance Healthcare services.

Chief Complaint

Have you already consulted a specialist for the above mentioned health concern?

☒ Yes ☐ No

Please share the details of the specialist you have consulted

Name

Hospital/Clinic

How would you like us to help you?

- ☐ You need help in diagnosis of your medical condition
- ☐ You need help with the treatment plan (you already have an established diagnosis)
- ☒ You need help with both diagnosis and treatment.

Do you require assistance in uploading your documents?

☐ Yes ☒ No, I can do it myself.

Back

Proceed



Edit Case



Jane Doe


Female, 1 Jan 2026 (0 years)

Documents

Step 5 of 7


Please upload your case documents including prescriptions and diagnostic reports.

You must upload atleast 1 document/report to proceed further.


 Choose File

For ex. Prescription, X-RAY Report, CT Scan Report, MRI Report, Angiogram video or other pathological reports.

If you need assistance in uploading your documents, please click the button below.

 I need assistance

 Back

Proceed 

Edit Case



Jane Doe

Female, 1 Jan 2026 (0 years)

Documents

Step 5 of 7

Please upload your case documents including prescriptions and diagnostic reports.

You must upload atleast 1 document/report to proceed further.

Document uploaded. Please enter document details below.

Delete Document

What is this document?

Chest X-ray report

For ex. Prescription, X-RAY Report, CT Scan Report, MRI Report, Angiogram video or other pathological reports.


Document Date


01/15/2026


The date of the above document/report.

Add Document/Report

If you need assistance in uploading your documents, please click the button below.

 I need assistance

 Back

Proceed 





Edit Case

Jane Doe

Female, 1 Jan 2026 (0 years)

Documents

Step 5 of 7

Please upload your case documents including prescriptions and diagnostic reports.

You must upload atleast 1 document/report to proceed further.

Uploaded Documents

Dated

[Chest X-ray report](#)

2026-01-15



If you want upload more documents or reports, please use the button below.



Upload more documents

If you need assistance in uploading your documents, please click the button below.



I need assistance



Back

Proceed →

Edit Case

Jane Doe

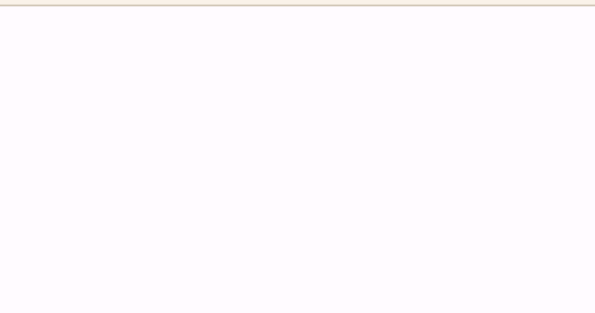
Female, 1 Jan 2026 (0 years)

Telemedicine Consent, Disclaimer & Patient Declaration

(In accordance with Telemedicine
Practice Guidelines, India)

By proceeding with an online consultation, I hereby voluntarily request and authorize **Vance Healthcare** and **Celviana Care and Wellness Pvt. Ltd.**, and the assigned Registered Medical Practitioner (RMP) to provide a telemedicine consultation for myself or for the individual on whose behalf I am legally authorized to act.

I understand that this consultation is being provided in accordance with the Telemedicine Practice Guidelines issued by the Government of India and the National Medical Commission (NMC).



Clear

Please sign on the space above.

Submit

[I want to manually upload my signature](#)



Edit Documents

Proceed →

Edit Case

Jane Doe

Female, 1 Jan 2026 (0 years)

- Telemedicine is **not appropriate** for medical emergencies.
- In case of emergency symptoms (chest pain, breathlessness, loss of consciousness, stroke symptoms), I must seek immediate in-person medical care.

4. Prescription and Treatment Limitations

1. The RMP may or may not prescribe medication based on clinical judgment and guideline restrictions.
2. Certain medications cannot be prescribed via telemedicine as per Indian regulations.
3. The RMP has full discretion to decline consultation, recommend physical examination, or refer to in-person/emergency care.

5. Data Privacy, Confidentiality & Electronic Risks

1. My personal and medical data will be collected, stored, and processed in accordance with Indian laws, stored securely

Your signature has been recorded. Please proceed to the next step.



Edit Documents

Proceed →

Edit Case

Jane Doe

Female, 1 Jan 2026 (0 years)

Documents

Step 5 of 7

Please upload your case documents including prescriptions and diagnostic reports.

You must upload atleast 1 document/report to proceed further.

Uploaded Documents

Dated

Chest X-ray report

2026-01-15

If you want upload more documents or reports, please use the button below.

Upload more documents

If you need assistance in uploading your documents, please click the button below.

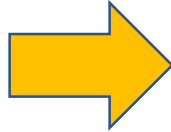
?

 I need assistance

←

 Back

Proceed →



Edit Case

Jane Doe

Female, 1 Jan 2026 (0 years)

Preview & Submit

Step 7 of 7

Please preview the details entered and submit your case.

Patient Details

Edit

Name

Jane Doe

Gender

Female

DOB

1 Jan 2026

Phone No

xxx-xxx-xxxx

City

Kolkata

Pincode

xxxxxx

Speciality Required

Edit

Cardiology

Chief Complaint

Edit

chest pain

Specialist Consulted?

Yes

Jane Dow

PG

Service Required

Diagnosis & Treatment

Case Documents

Edit

Chest X-ray report

2026-01-15

Signed Waiver Form

Edit

Signed Waiver Form

←

 Back

Proceed to Payment



THANK YOU