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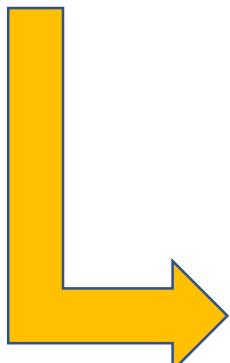
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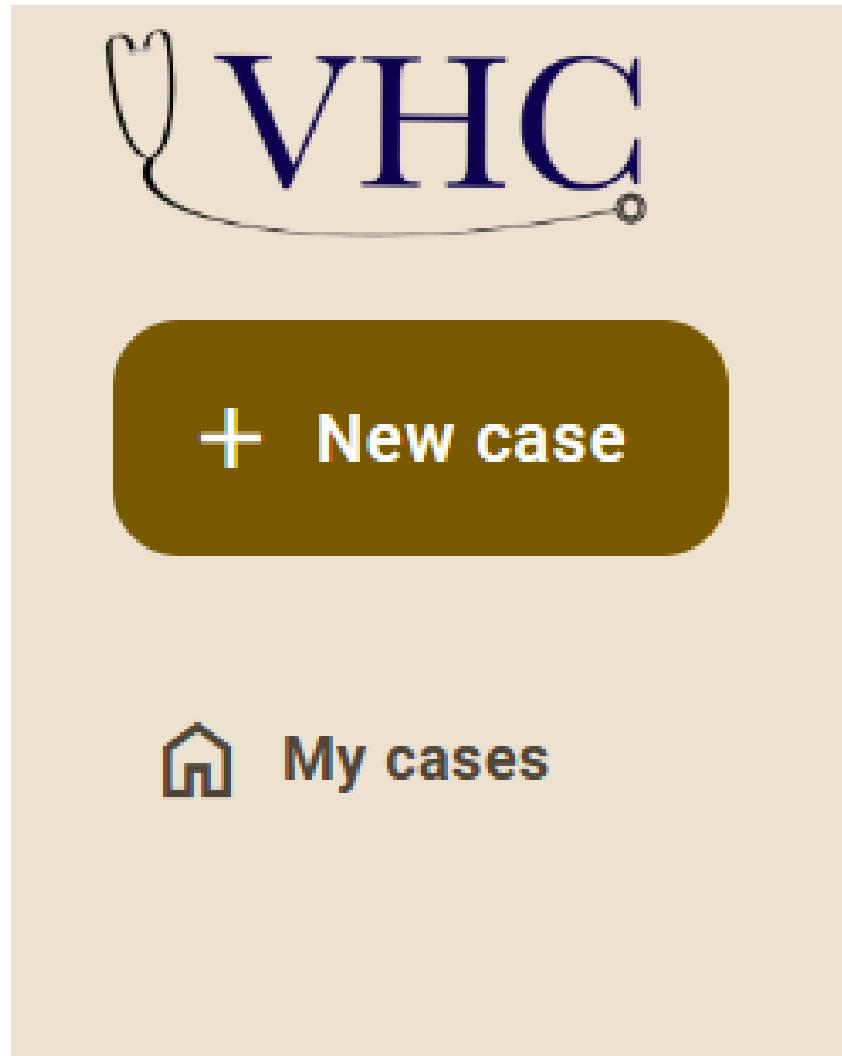


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New Case

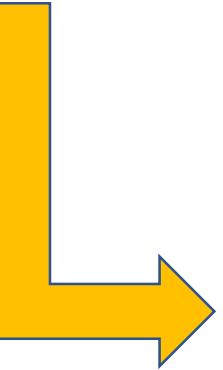
Step 1 of 7

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

Relationship

Do you want to start a new case for yourself?

No, for someone else **Yes, for me**



New Case

Step 2 of 7

Patient Details

Please enter patient details

First Name

Last Name

Gender

Date of Birth

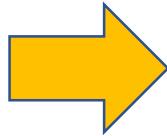
Mobile Number

Address

City

Pin Code/Zip Code

Proceed →



Edit Case

X

Jane Doe

Female, 1 Jan 2026 (0 years)

Speciality

Step 3 of 7

Choose speciality

Cardiology

Heart related treatments

Oncology

Cancel related treatments

Pulmonology

Lung Diseases

Information: 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](#)

← 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](#)

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Edit Case

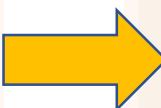
Jane Doe

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 ([GMC](#)).



[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 X

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 III

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

U [Upload more documents](#)

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

? [I need assistance](#)

← [Back](#) → Proceed

Edit Case X

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
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Signed Waiver Form Edit

[Signed Waiver Form](#)

← Back → Proceed to Payment

THANK YOU