

**Enroll for dialysis Südtirol 2024**

**On the following days: (Date) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**Important : One dialysis is only possible, if the patient is suitable for limited care !**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY**  | **THURSDAY**  | **FRIDAY**  | **SATURDAY**  |
| **WEEK 1** |  |  |  |  |  |  |
| **WEEK 2** |  |  |  |  |  |  |
| **WEEK 3** |  |  |  |  |  |  |
| **WEEK 4** |  |  |  |  |  |  |

 **PATIENT**

|  |  |
| --- | --- |
| **Last name, name** |  |
| **Birthday**  |  |
| **Street** |  |
| **Postal code / City**  |  |
| **Phone number / Fax** |  |
| **Email** |  |
| **Accomodation Suedtirol phone number**  |  |
| **Dialysis type HD/HDF** |  |
| **Dialysis lasts (time)** |  |
| **Health insurance**  |  |
| **Insurance number**  |  |

 **Extra and Taxi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the appointment is not canceled 3 days before the first treatment in the dialysis center, the patient has to pay an amount of 250,00€ as refund.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Elaborato da WBR Lana data 09/09/2020 Alex Losa****Doc. 1** | **Aggiornamento eseguito da:**  |