



APPLICATION FORM

to be completed by the patient

Name and surname Date of birth
Address / street City
Phone E-mail

Home dialysis center (name of the institution)
Institution's address: street, city, phone, fax, e-mail
Responsible Doctor Phone

I wish to undergo holiday dialysis at the Polyclinic REDIAL – dialysis center:

Option 1. from to (last day of dialysis)

Option 2. from to (last day of dialysis)

Dialysis days: Monday, Wednesday, Friday Tuesday, Thursday, Saturday Shift 1 Shift 2

Access type: AV fistula Catheter Patient with special needs: NO YES

Handicapped: NO YES

Markers: (results not older than 30 days) HBs-Ag; Anti HBs; Anti HCV; Anti HIV Positiv Negativ

Blood test results: Hb Kreatinin K+ Glucose

Payment Method:

- EHIC
- Private (cash)

Address, phone, e-mail while on holiday

Enclose / Submit - no later than 30 days before the arrival:

MEDICAL DIALYSIS PROTOCOL - completed by the responsible doctor -home dialysis center.

LAB TEST RESULTS: blood test, bio-chemistry tests, viral markers.

PAYMENT METHOD CONFIRMATION:

- EHIC - copy of official document for the hemodialysis treatment free of charge.
- Private - letter of guarantee or cash

NEXT STEPS: Booking period! Please, confirm your arrival!

Note: We do not carry out HDF!

Only patients negative for markers are treated at the center.

Please, bring currently used medication!

Date Signature _____