

## 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	
Accommodation 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: \_\_\_\_\_