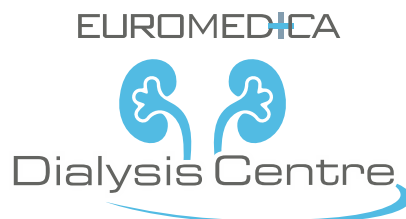


Call Center int. patients

+30 22410 45045  
info@euromedica-rhodes.gr  
dialysis@euromedica-rhodes.gr  
Koskinou, Municipality of Kallithea,  
P.O.box 22113, 85105, Rhodes



APPLICATION FORM FOR HOLIDAY DIALYSIS



Name [ ] Date of Birth [...../...../.....]

Home Address Street [ ] City [ ] Zip [ ]

Country [ ] E-mail [ ]

Telephone Nr [ ] Mobile Nr [ ]

Date of Arrival [...../...../.....] Name of Hotel in Rhodes [ ]

Holiday Dialysis Schedule MON/WED/FRI [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Holiday Dialysis Schedule TUE/THU/SAT [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Preferred time of treatment  Morning  Noon  Evening

Contact person in case of emergency [ ]

Type or relationship of contact with patient [ ]

Tel. Nr. of contact person [ ] E-mail [ ]

Name of your Dialysis Center [ ]

Address [ ] City: [ ] Country: [ ]  
Postal Code: [ ]

Nephrologists [ ] Telephone Nr [ ]

Payment Method

Cash  Private Insurance  Name of Insurance Co. [ ]

EHIC Nr [ ] Expiry Date [...../...../.....]

(please include a copy of both sides of the EHIC card)

Other relevant information

Travel Insurance [ ] Policy Nr [ ]

Transplant List Since [...../...../.....]

Notes / Comments: [ ]

Signature of Patient [ X ]

Form 4.1

Call Center int. patients

+30 22410 45045

info@euromedica-rhodes.gr

dialysis@euromedica-rhodes.gr

Koskinou, Municipality of Kallithea, P.O.box 22113, 85105, Rhodes

EUROMEDICA



Dialysis Centre

Medical Data to be completed by a Doctor



Type of dialysis treatment you are currently receiving

- Haemodialysis On-Line Hemodiafiltrat

Type of dialysis machine: Type of dialyzer:

Dialysis Information

Blood group: Rhesus factor:

- HBsAg positive/negative dated
HCV (Hepatitis C-virus) positive/negative dated
HIV-test positive/negative dated
MRSA-infection positive/negative dated

Diagnosis and history: PLEASE ENCLOSE LETTER

Recent problems:

The patient has been treated with dialysis since:

Haemodialysis schedule: Times per week Duration hours.

Vascular access: left / right; one / two needle(s)

Needle size: Temperature: Buttonhole: yes / no

Blood pressure: mmHg (ante dialysis) / mmHg (post dialysis)

Ideal weight: kg Average ultrafiltration need: Urinary volume/24 hrs.: ml

Composition of dialysate:

Heparinization: ml.

Present medication: please enclose medication list not older than 3 month
Laboratory results: please enclose laboratory results not older than 3 month
You must bring your HD medication with you.

Diet: Allergies:

Table with 2 columns: History the last six months, yes / no. Rows include Unstable angina pectoris, Heart problems, Hyperkalaemia, Shunt problems, Serious infections, Surgery, Haemodynamic instability during haemodialysis sessions.

Other complications yes / no
Mobility
The patient depends on a wheel chair / has trouble walking or please specify any physicals requirements

Signature of nephrologist in charge
X