

Registration for holiday dialysis



Patient details (to be filled out by the patient)

Name:	
First name:	
Date of birth:	
Country of residency:	
Permanent address:	
Telephone:	
Holiday address:	
Telephone:	
Profession:	
Religion:	
Health insurance details:	
Dialysis center:	Phone/Mail:
General practitioner:	Phone/Mail:
Contact person:	
Address:	

I would like to have a holiday dialysis at the Davos hospital

from: to:

Date: Signature:

I would like to have a snack: ham sandwich cheese sandwich Croissant

Please return this form and the enclosed doctors medical report (including diagnoses and medication), laboratory results (including Hepatitis, HIV, MRSA) and the shunt sketch to the following address at least 1 week before begin of holiday dialysis.

SPITAL DAVOS AG
Dialyse – Station
Promenade 4
7270 Davos Platz, Switzerland
Phone + 41 (0) 81 414 85 40
dialyse@spitaldavos.ch

Administration:

Please take your international insurance card with you to the first dialysis day. If necessary, please also provide the certificate E112 (= printed form from the health insurance company) for Europe. Please give us a phone call or send an e-mail 1 week before arriving in order to make an appointment for the first dialysis.