Booking CENTRO DIALISI Dr. med. Claudia Ferrier-Guerra

Patient's information:

Name: .....

Christian name: .....

Date of birth: .....

Gender: M ☐ F ☐

Address: .....

.....

.....

.....

Telephone: .....

Fax: .....

My phycisian:

Name: .....

Christian name: .....

Telephone: .....

Fax: .....

Address: .....

.....

.....

.....

Health insurance:

Insurance: ……..

E111: Yes ☐ No ☐

Holiday-Information:

Address in Switzerland
(if known): ……..

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Date of arrival: ……

Date of departure: ……

Dialysis plan:

Times per week: ……

Preferred shift: **Morning** ☐ **Afternoon** ☐

Evening ☐

Vascular access: **Native Shunt** ☐ **Prosthetic AV-Shunt** ☐

Catheter ☐

My Dialysis centre:

Telephone: …….

Fax: …….

Address: …….

…….

…….

…….

Dialysis information:

Dialysis since: …….

Allergies: …….

Diet: …….

Dry weight: …….

Place and date:

…….

Signature:

…….