

Spett.le
Centro Dialisi estivo Bibione
Via Maja 6
San Michele al Tagliamento (Ve)

BOOKING FORM - DIALYSIS BIBIONE

Family name: _____

First name : _____

Address: _____ City: _____

Telephone /Mobile: _____

E-Mail: _____

Please specify:

The period and the number of dialysis treatments n° _____

From _____ To _____

***** The management reserves the right to adapt the session shift
requested by the patient to the internal needs of the dialysis center and to
the seat availability *****

Name, phone number and e-mail address of your dialysis centre: _____

Date and place

Signature

Our dialysis centre does not treat HbsAg positive patients