REGIONE DEL VENETO
ULSS4 VENETO ORIENTALE

Spett.le
Segreteria DIALISI TURISTICA
c/o Ospedale Civile di Jesolo
Via Levantina 104
30016 Jesolo – Venezia

BOOKING FORM - DIALYSIS JESOLO

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 diaysis centre does not treat HbsAg positive patients

Lido di Jesolo (VE) via Levantina 30016 E-mail nefrologia.jesolo@aulss4.veneto.it