



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: _____

Name of your dialysis center: _____

Phone number and e-mail address of your dialysis center: _____

Details of the dialysis treatment required

Number of dialysis sessions: _____ FROM _____ TO _____

Usual shift: _____

***** The management reserves the right to adapt the session requested by the patient to the internal needs of the dialysis center and to the seat availability. Punctuality is recommended to all patients in order to avoid inconvenience and to ensure the proper functioning of the dialysis service *****

Date and signature _____

Our dialysis centre does not treat HbsAg positive patients

DEPARTMENT OF NEPHROLOGY AND DIALYSIS

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