



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: \_\_\_\_\_

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 diaysis centre does not treat HbsAg positive patients**