

Dear Madam/Sir

thank you for contacting us

In order to give you the best treatment, please complete the underlying forms. As we work through them we'll be able to give you all the information you need to receive dialytic treatments during your stay in Rome

we'll contact you in 48 h to your e-mail address

Best Regard

- Period (dd/mm/yyyy – dd/mm/yyyy):
- Name:
- Surname:
- Sex:
- E-mail:
- Country:
- Mother tongue:
- Address:
- Address in Rome:

- Have you got TEAM/EHIC, REPL, FIRTAID PASS, or other kind of Health insurance?:

- Are you receiving any treatments?: (In case of HD please complete dialysis sheet)

- Do you need a medical examination /dialysis/day hospital/consumer products ?

NOTE / SPECIAL REQUESTS