

**Registration form**  
**Holiday Dialysis Clinic, “Diakonissen Hospital” Salzburg**

**Please return this form to us, the latest four weeks before your first treatment!**

**By Fax.: (+43) 662 / 63 85-652**

**By Mail: [dialyse.sbg@diakoniewerk.at](mailto:dialyse.sbg@diakoniewerk.at)**

Please accept that we are at the moment not able to treat babies or infants as well as HIV positive and/or hepatitis B/C positive patients. Thank you for your understanding!  
If you require treatment on short notice (due to business related issues) please do contact our dialysis ward: **(+43) 662 / 63 85-650.**

Surname \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Address and contact information**

Street \_\_\_\_\_

Postal code \_\_\_\_\_

City \_\_\_\_\_

Phone number \_\_\_\_\_

Best available at \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail address \_\_\_\_\_

Health insurance company \_\_\_\_\_

Self-payer?  yes  no

Hotel you are staying at \_\_\_\_\_

Telephone number of the hotel \_\_\_\_\_

Arrival date \_\_\_\_\_

Departure date \_\_\_\_\_

Name of a fellow traveller \_\_\_\_\_

Phone no. of a fellow traveller \_\_\_\_\_

**Time of dialysis**

Monday to Saturday from 6.30 p.m to 11.00 p.m.

If you require other dialysis times, please contact us!

**Name and address of your home dialysis centre**

---

---

---

**Information about your renal specialist**

Name 

---

Phone number 

---

Fax 

---

E-Mail address 

---

**In case of an emergency you want us to contact**

Name 

---

Phone number 

---

Fax 

---

E-Mail address 

---

**Medical checklist**

**Please provide us at least 3 weeks before your treatment, with a medical report from your home dialysis centre with the following information:**

- Diagnosis, current medication and dosage, doctors report
- Latest test results (not older than four weeks) including:
  - last dialysis report
  - doctor's note certifying your ability to travel
  - complete hepatitis-serology (not older than 3 months)
  - complete HIV-serology (not older than 3 months)
  - any additional bacteriological test results (e.g. MRSA)

---

Date and signature