

Isala Dialysis Centre	Patient information	
Information to be filled in by the patient		
A. Personal details		
Name:	First name(s):	
Street + number:	Postal code:	
Town:	Country:	
Nationality:	Date of birth:	
Telephone number:	Mobile number:	
Email:		
General Practitioner:		
B. Present Dialysis Centre		
Name of dialysis centre		
Town:	Country:	
Telephone number:	Fax:	
Attending physician:		
Dialysis nurse in charge:		
C. Holiday information:		
Name holiday address (if known):		
Street:	Postal code:	
Town:	Telephone number:	
Current dialysis days and dialysis duration:		
Desired dialysis days:		
D. Insurance information:		
Name of health insurer:		
Policy number:		
PLEASE NOTE: Also send the written approval by your health insurer to confirm compensation of the full dialysis costs at our centre.		