

NC

NEPHROLOGISCHES CENTRUM

Medical specialists in Internal Medicine,
Nephrologic and Hypertensional Diseases, Dialysis

NC NEPHROLOGISCHES CENTRUM
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D-24116 Kiel



Registration for Vacation Dialysis

Date: _____

Surname: _____	Office Phone: _____
First Name: _____	Home Phone: _____
Street Name/No: _____	Fax: _____
Postal Code/Town: _____	Mobile: _____
Date of Birth: _____	e-mail: _____
Health Insurance: _____	

Infections:

Hepatitis B Hepatitis C HIV MRSA Any other Infections: _____

Handicaps:

Walking Impairment Visual Impairment Any other Handicaps: _____

Requested Guest Dialysis from/to:

Requested Dates and Hours:

First Day: _____ Mon Wed Fri a.m. p.m. night
Last Day: _____ Tue Thu Sat a.m. p.m.

My Home Dialysis: _____

Street Name/No.: _____ Phone: _____
Postal Code/Town: _____ Fax: _____

We will require the following papers not later than 2 weeks before the first appointment for your vacation dialysis:

1. Medical Report including a dialysis regime, **2. Current Hepatitis Serotest** **3. HIV Screening Test** not older than 6 months

We kindly ask you to bring your **letter of referral** as well as your **health insurance card** on the first day of your vacation dialysis. If you have any further questions please do not hesitate to contact us : Telephone Number +49-431-570 91 10.

Our nurses Dorit and Anja as well as all other staff members of our centre will be pleased to assist you.