

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 B and C Serotest** not older than **4 weeks** **3. HIV Screening Test** not older than **4 weeks**. **5. MRSA Screening Test** from the **nose, throat** and **wounds** not older than **4 weeks**.

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 head nurses Dorit Arpe-Anoyke and Anja Bauer as well as all other staff members of our centre will be pleased to assist you.