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## REGISTRATION FOR VACATION DIALYSIS

Select desired center:    Nephro am See    Nephro am Wald

<b>Date</b>	<b>Dialysis days are Monday - Wednesday - Friday</b>	
Patient wants to dialyse from:		to :
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

<b>Personal data</b>	
Name:	First name:
Date of birth:	Sex:
Street:	ZIP / City:
Phone:	Mobile phone:
E-mail address:	
Holiday address:	

<b>Health insurance</b>
Name:
Insurance No.
Card number:

<b>Your home clinic for dialysis</b>
Name:
Street:
ZIP / City:
Phone/Fax:
E-Mail:

## REGISTRATION FOR VACATION DIALYSIS

**Name:** ..... **First name:** ..... **Date of birth:** .....

Days of dialysis treatment									
Number of dialysis			Duration:			hours			
Weekdays:	Mon	Tue	Wed	Thu	Fri	Sat			
Dialysat: Na:	mmol/l	K:	mmol/l	Ca:	mmol/l	Glucose:	g/l	Bicarbonat:	mmol/l
Filter:									
<input type="checkbox"/> Heparin		<input type="checkbox"/> Fragmin		<input type="checkbox"/> Clexane		<input type="checkbox"/> other:		initial:	hourly:
Vascular access:			<input type="checkbox"/> Fistula AV		<input type="checkbox"/> Graft		Needle size:	<input type="checkbox"/> Catheter localisation: left right	
Dry weight:			Blood pressure:			<input type="checkbox"/> high		<input type="checkbox"/> low	
Bloodpump speed:			ml/min						
<b>Diagnosis / problems</b>								<input type="checkbox"/> see attachments (pls include lists)	
1.									
2.									
3.									
4.									
5.									
Dialysis since:									
<b>Laboratory</b>								<input type="checkbox"/> see attachments (pls include latest lab values)	
HBsAg:		Date:		anti-HBs-Ak:		Date:		MRSA:	
anti-HCV:		Date:		HIV Ag/Ak:		Date:			
Hb:		K:							
<b>Drugs</b>								<input type="checkbox"/> see attachments (pls include medication list)	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
<b>ESA:</b> <input type="checkbox"/> Mircera <input type="checkbox"/> Aranesp <input type="checkbox"/> other:									
Dose/frequency:									
Date last medication:									
<b>Iron substitution:</b>									
<input type="checkbox"/> Ferinject <input type="checkbox"/> Venofer <input type="checkbox"/> other:									
Dose/frequency:									
Date last medication:									
<b>Various:</b>									
Date:					Doctor:				