

Klinik Im Park Dialysis Unit

# HOLIDAY DIALYSIS IN ZURICH

## Dear patient

We are pleased to inform you that our dialysis unit and nephrology practice in Klinik Im Park is available for your use during your stay in Switzerland. Please contact us early and send the completed registration form at least 10 days in advance, so we may reserve a dialysis place for you.

We do everything to assist you in organising your stay. Our dialysis unit offers the following facilities and services:

## Equipment

- Type of dialysis machine:  
Fresenius 5008
- Filters from Fresenius  
(no reuse of filters)

## Types of treatment

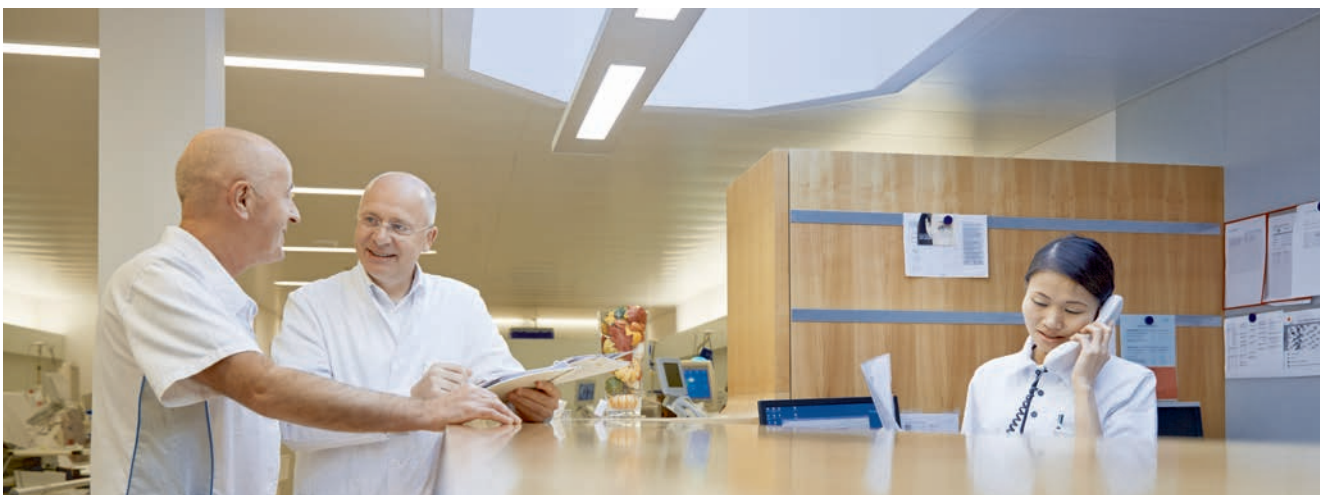
- Haemodialysis
- Haemodiafiltration
- Double-needle dialysis
- Single-needle dialysis
- Bicarbonate dialysis

## Treatments are available for

- Patients over 16 years old
- Hepatitis C patients
- Hepatitis B patients
- HIV-positive patients

## Facilities/services

- TV, radio, internet access at each treatment station
- Magazines
- Free drinks and snacks
- Lunch available on request
- Wheelchair accessibility
- Free parking



### Medical services

- Permanent medical supervision during treatment
- Additional in-house services, such as laboratory tests, x-ray, ultrasound, ECG and other examinations, are possible depending on the issue (billed separately)

### Opening hours

- Monday, Wednesday and Friday:  
7:30 am to 6:00 pm
- Tuesday, Thursday and Saturday:  
7.30 am to 12.00 pm
- 24-hour on-call service for dialysis unit patients and nephrological emergencies

### Languages spoken

German, English, Italian, French, Spanish, Portuguese

### Medical documents

Please bring the following documents with you to the appointment:

- Registration form
- Latest dialysis protocol
- List of diagnoses
- Current medication and dosage
- Hepatitis B, C, or HIV serology
- MRSA swab (not older than two months)

### Billing

We treat patients with all classes of insurance on an outpatient basis. Direct billing via a Joint Institution under the Federal Sickness Insurance Act (KVG) is possible for all EU patients in possession of a European Health Insurance Card (EHIC). Dialysis patients from an EU/EFTA country who require emergency or holiday dialysis are required to have a European Health Insurance Card (EHIC), or a provisional replacement certificate. If this information is provided, billing will be settled directly with a Joint Institution under the Federal

Sickness Insurance Act (KVG). We ask patients without an EU insurance card to please pay in advance.

Cost of treatment: CHF 530.00 per dialysis session (excluding erythropoietin, special medication, additional laboratory tests, administration fee).

Dialysis patients from all other countries (non-EU, non-Swiss) must pay the fee before the start of treatment or on the day of treatment. In these cases, direct billing via the respective foreign health insurance is not possible.

You may pay in cash or by credit card (American Express, Visa, MasterCard, Diners Club) at the time of admission.

Services received during your stay that are not related to your dialysis, and additional laboratory work and medication not included in the package, must be paid for separately before discharge from the clinic. Please contact the admissions department before your last dialysis session.

You will receive the final statement of account on the last day of treatment. For questions, please contact our patient admissions department:  
Tel: +41 (0)44 209 21 61

### Registration

Please send the completed registration form to us at:

Klinik Im Park  
Seestrasse 220  
CH-8027 Zürich

T +41 (0)44 209 20 70  
F +41 (0)44 209 20 96

michael.moeddel@hirslanden.ch

**Anmeldung zur Dialyse**  
**Inscription à la dialyse**  
**Prenotazione per la dialisi**  
**Application for dialysis treatment**

Bitte dieses Formular möglichst vor der ersten Dialyse an das Dialysezentrum senden

6 Wochen

Prière de renvoyer ce formulaire au centre de dialyse avant la première dialyse

10 semaines

Si prega di rinviare questo formulario al centro dialisi prima dell' inizio della dialisi

12 settimane

Please send application form to dialysis center befor your first dialysis

weeks

Name Nom Cognome Surname	Vorname Prénom Nome Forename
-----------------------------------	---------------------------------------

Geburtsdatum Date de naissance Data di nascita Date of Birth	Ferien – Adresse Adresse de vacances Indirizzo durante le vacanze Address during holiday	Dialysezentrum Centre de dialyse Centro dialisi Dialysis unit
Privatadresse/ Mail Adresse privée Indirizzo Home address		Mail: Fax :
Strasse Rue Via Street		
PLZ /Ort NP / Lieu NP / Località Postcode / Town		
Telefon / Mobile Téléphone / Mobile Telefono /Mobile: Phone / Selfphone		

Person, die im Notfall verständigt werden soll / Tel.  
 Personne à aviser en cas d'urgence / tél.  
 Persona da avvisare in caso d'urgenza, tel.  
 Person to inform in an emergency / phone

Krankenkasse (Versicherungs-Nr. )  
 Caisse maladie ( Numero d assuré)  
 Cassa malattia ( Numero d assicurazione)  
 Health insurance ( Insurance Number. )

**Ihr Dialysezentrum / Votre centre de dialyse / Il vostro centro dialisi / Your dialysis unit**

Spital, Adresse, Telephon, Fax Mail Hôpital, Adresse, Téléphone, Fax Mail Ospedale, Indirizzo, Telefono, Fax Mail Hospital, Address, Phone, Fax Mail	Arzt Médecin Dottore Physician
---	---

**Dialyse / Dialyses / Dialisi / Dialysis**

Gewünschter Termin Data désirée Data desiderata Date preferred	von de dal from	bis à al to	Gewünschte Zeit Heure désirée Ora desiderata Time preferred	Morgen Matin Mattina Morning	<input type="checkbox"/>	Nachmittag Après-midi Pomeriggio Afternoon	<input type="checkbox"/>
---	--------------------------	----------------------	--	---------------------------------------	--------------------------	---	--------------------------

Gewünschte Tage Jours désirés Giorni desiderati Days preferred	Montag Lundi Lunedì Monday	<input type="checkbox"/>	Dienstag Mardi Martedì Tuesday	<input type="checkbox"/>	Mittwoch Mercredi Mercoledì Wednesday	<input type="checkbox"/>	Donnerstag Jeudi Giovedì Thursday	<input type="checkbox"/>	Freitag Vendredi Venerdì Friday	<input type="checkbox"/>	Samstag Samedi Sabato Saturday	<input type="checkbox"/>
---	-------------------------------------	--------------------------	---	--------------------------	--	--------------------------	--	--------------------------	--	--------------------------	---	--------------------------

Anzahl Dialysen / Woche Traitements par semaine Frequenza settimanale della dialisi Dialysis sessions / week	HDF <input type="checkbox"/> Post <input type="checkbox"/> SN <input type="checkbox"/>	HD <input type="checkbox"/> Prä <input type="checkbox"/>	Dauer Dialyse Durée traitement Durata dialisi Duration session	Stunden Heures Ore Hours
---	--	--	---	-----------------------------------

Haben Sie schon einmal bei uns dialysiert ? Avez-vous déjà été dialysé(e) chez nous ? Ha già fatto dialisi da noi ? Have you already dialysed at our unit ?	Ja Oui Si Yes	<input type="checkbox"/>	Nein Non No No	<input type="checkbox"/>	Wenn ja, in welchem Jahr ? Si oui, en quelle année ? Se si, in quale anno ? If yes, which year ?
--	------------------------	--------------------------	-------------------------	--------------------------	---

## Medizinische Daten / Données médicales / Dati medici / Medical dates

**BITTE FOLGENDE KOPIEN BEILEGEN:**

→ Diagnose / Laborwerte / Infektparameter (HBs-AK / HBs-Antig. / Anti-HCV / HIV-AK) / Medikamentenliste, Shuntblatt/ Foto

**VEUILLEZ JOINDRE LA COPIE:**

→ Diagnostics / Résultats de laboratoire/ Parametre infectieuse (HBs-AC / HBs-Antig. / Anti-HCV / HIV) / Liste des médicaments/ Feuille de fistule/ Foto

**SI PREGA DI ALLEGARE I SEGUENTI REFERTI:**

→ Diagnosi / Risultati del sangue / Parametri infettivi (HBs-Ac / HBs-Antig. / Anti-HCV / HIV-AC) / Lista medicinali / Foglio di fistula / Fotografia

**PLEASE ENCLOSE COPYS OF:**

→ Diagnosis / Laboratory results / Infection status (HBs-AB / HBs-Antig. / Anti-HCV / HIV-AB) / Medication plan / Sheet of Shunt / Photography

Allergien / Allergies / Allergie / Allergies	Anderes / Autres / Altri / Others
--	-----------------------------------

Dialyse seit Dialyse depuis Dialisi da On dialysis since	Transplantationsliste Liste de transplantation Lista per il trapianto Transplant list	Ja Oui	<input type="checkbox"/>	Nein Non	<input type="checkbox"/>
---	--	-----------	--------------------------	-------------	--------------------------

**Gefäßzugang / Accès vasculaire / Accesso vascolare / vascular access**

Katheter Cathéter Catetere Catheter	<input type="checkbox"/>	Typ / Lokalisation Type / localisation Tipo / luogo Type / localisation	Perm Kath. <input type="checkbox"/>	Andere Autres Altri Others	<input type="checkbox"/>	rechts droite destra right	<input type="checkbox"/>	links gauche sinistra left	<input type="checkbox"/>
Füllvolumen Héparinisation Eparinizzazione Heparinisation	arteriell artériel arteriosa arterial	ml	venös veineux venosa venous	ml	Medikament Médicaments Medicinali Medication				

Fistel Fistule Fistola Shunt	<input type="checkbox"/>	Typ / Lokalisation Type / localisation Tipo / localizzazione Type / localisation	Blutfluss Débit sanguin Flusso sangue Blood flow	ml/min.	UF-Profil Profil-UF UF-Profilo UF-Profile
---------------------------------------	--------------------------	---	---	---------	--

Nadel Aiguille Ago Cannula	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	G	1 Nadel Ponction unique Single Needle Single Needle	Bemerkungen Remarques Osservazione Remarks	Na-Profil Profil-Sodium Sodio-profilo Sodium-Profile
-------------------------------------	-----------------------------	-----------------------------	-----------------------------	---	--	---	---

**Filter / Filtre / Filtro / Dialyser**

Dialysator Filtre Filtro Dialyser	Material der Membrane Type de membrane Tipo di membrana Type of membrane	Oberfläche Surface Superficie Surface	m2
--	---	--	----

**Dialysat / Dialysat / Liquido di dialisi / Dialysate**

Bikarbonat Bicarbonat Bicarbonato Bicarbonate	mmol/l	Natrium Sodium Sodio Sodium	mmol/l	Kalium Potassium Potassio Potassium	mmol/l	Kalzium Calcium Calcio Calcium	mmol/l	Glukose Glucose Glucosio Glucose	g/l
--	--------	--------------------------------------	--------	--	--------	---	--------	---	-----

**Antikoagulation / Anticoagulation / Antikoagulazione / Anticoagulation**

Heparin Héparine Eparina Heparin	initial initial iniziale initial	IU	kont. continu all'ora cont.	IU	LMWH initial LMWH initial LMWH iniziale LMWH initial
---	---	----	--------------------------------------	----	---

**Vitalparameter / Paramètres vitaux / Parametri vitali / Vital signs**

Trockengewicht Poids de base Peso secco Dry weight	kg	Blutzucker Mesurer la glucose Misurare la glicemia Measure blood glucose	vor, avant, prima, before	<input type="checkbox"/>	nach, après, dopo, after	<input type="checkbox"/>
---	----	---	------------------------------	--------------------------	-----------------------------	--------------------------

Bemerkungen / Remarques / Note / Comment
--

**Datum / Date / Data / Date**

**Unterschrift / Signature / Firma / Signature**