

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

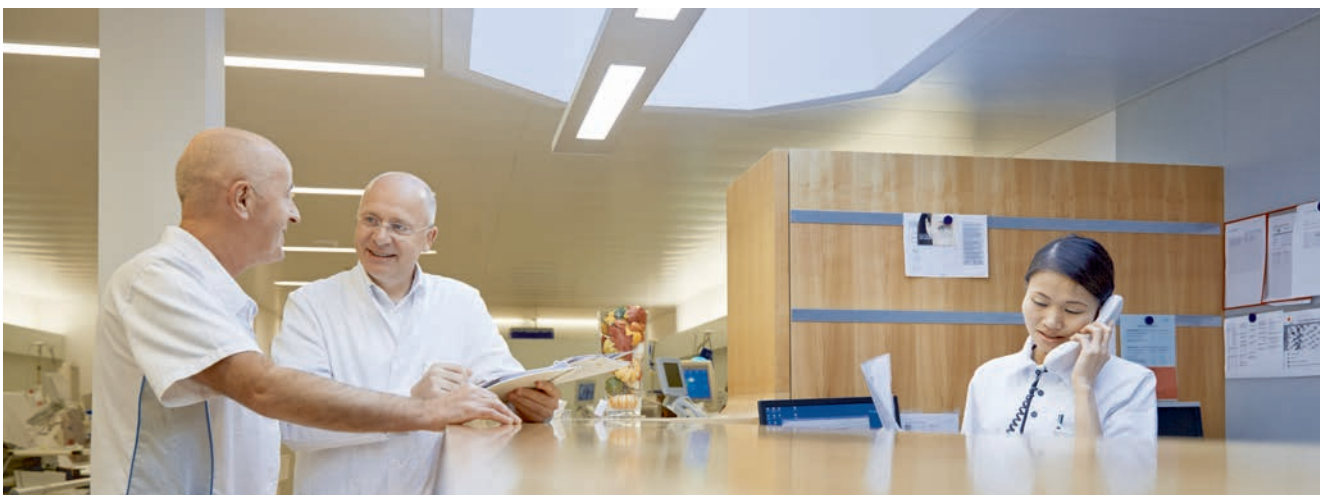
- Haemodialysis
- Haemodiafiltration
- Double-needle dialysis
- Single-needle dialysis
- Bicarbonate dialysis

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 Feriendialyse
Inscription pour des dialyses en vacances
Iscrizione per dialisi in vacanze
Application for dialysis treatment on holiday

Bitte möglichst 2 Wochen vor der ersten Dialyse an das Feriendialysezentrum senden
 Prière de renvoyer ce formulaire au centre de dialyse de vacances 2 semaines avant la première dialyse
 Si prega di rinviare questo formulare al centro dialisi del luogo di vacanze 2 settimane prima dell' inizio della dialisi
 Please send application form to holiday dialysis unit 2 weeks prior to your first dialysis

Name Nom Cognome Name	Vorname Prénom Nome First name
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Geburtsdatum Date de naissance Data di nascita Date of Birth	Ferien - Adresse Adresse de vacances Indirizzo di vacanze Address to holiday	Ferien - Dialysezentrum Centre de dialyse de vacances Centro dialisi di vacanze Holiday dialysis unit
Strasse Rue Via Street		
PLZ/Ort NP/Lieu NP/Località Place		
Telephon / Fax Téléphone / fax Telefono / fax Phone / fax		

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

Krankenkasse (Name, Adresse, Nr.)
 Caisse maladie (nom, adresse, no.)
 Cassa malati (nome, indirizzo, no.)
 Health insurance (name, address, no.)

Bei Auslandsdialysen EU, wollen Sie bitte die Europäische Versicherungskarte mitbringen.
 En cas de dialyses à l'étranger EU, veuillez apporter votre Carte Européenne d'assurance maladie.
 Nel caso di dialisi all'estero CE, vi preghiamo di portare la Tessera europea d'assicurazione-malattia.
 For guests coming from EU countries, please bring the European Health Insurance Card with you.

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

Spital, Adresse, Telephon, Fax Hôpital, adresse, téléphone, fax Ospedale, indirizzo, telefono, fax Hospital, address, phone, fax	Arzt Médecin Dottore Physician
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Feriendialyse / Dialyses en vacances / Dialisi in vacanze / Dialysis on holiday

Gewünschter Termin Date désirée Data desiderata Date preferred	von de dal from	bis à al to	Gewünschte Zeit L'heure désirée Ora desiderata Time preferred	Morgen Matin Mattina Morning	Nachmittag Après midi Pomeriggio Afternoon
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Gewünschte Tage Jours désirés Giorni desiderati Days preferred	Montag Lundi Lunedì Monday	Dienstag Mardi Martedì Tuesday	Mittwoch Mercredi Mercoledì Wednesday	Donnerstag Jeudi Giovedì Thursday	Freitag Vendredi Venerdì Friday	Samstag Samedi Sabato Saturday
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Anzahl Dialysen / Woche Traitements / semaine Dialisi / settimana Dialysis sessions / week	HDF <input type="checkbox"/> HD <input type="checkbox"/>	Dauer / Dialyse Durée / traitement Durata / dialisi Duration / session	Stunden heures ore hours
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Haben Sie schon einmal bei uns dialysiert ? Avez - vous déjà été dialysé(e) chez nous ? Ha gia fatto dialisi da noi ? Have you already dialysed on our unit ?	Ja Oui Si Yes	Nein Non o No	Wenn ja, in welchem Jahr ? Si oui, en quelle année ? Se si, quale anno ? If yes, in which year ?
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Medizinische Daten / Données médicales / Dati medici / Medical dates

Diagnose / Diagnostics / Diagnosi / Diagnosis

Allergien / Allergies / Allergie / Allergies
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HB-s-AC	HB-s-Antig.	HIV-s-AC	Anti-HCV	
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- ⇒ Bitte Kopie der letzten Laborresultate beilegen (nicht älter als 3 Monate)
- ⇒ Veuillez joindre la copie des derniers résultats sanguins (ne pas plus anciens que 3 mois)
- ⇒ Si prega aggiungere gli ultimi risultati del sangue (non più vecchi di 3 mese)
- ⇒ Please enclose your last blood results (no older than 3 months)

Dialyse seit Dialyse depuis Dialisi da On dialysis since	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px dashed black; vertical-align: top;"> Transplantationsliste Liste de transplantation Lista di trapianti Transplant list </td> <td style="width: 30%; border-right: 1px dashed black; vertical-align: top;"> Ja Oui Sì Yes </td> <td style="width: 40%; vertical-align: top;"> Nein Non No No </td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Transplantationsliste Liste de transplantation Lista di trapianti Transplant list	Ja Oui Sì Yes	Nein Non No No		<input type="checkbox"/>	<input type="checkbox"/>
Transplantationsliste Liste de transplantation Lista di trapianti Transplant list	Ja Oui Sì Yes	Nein Non No No					
	<input type="checkbox"/>	<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	
Füllvolumen Héparinisation Eparinizzazione Heparinisation	Arteriell Artère Arteriosa Arterial	ml (IU/ml)	Venös Veine Venosa Venous ml (IU/ml)

Fistel Fistule Fistola Shunt	<input type="checkbox"/>	Typ / Lokalisation Type / localisation Tipo / luogo Type / localisation	Blutfluss Flux sang. Flusso sang. Blood flow	UF - Profile
Nadel Aiguille Ago Cannula	G	1. - Nadel Uniponcture Single Needle Single Needle	Bemerkungen Remarques Osservazione Remarks	Na - Profile

Filter / Filtre / Filtro / Dialyser

Dialysator Filtre Filtro Dialyser	Material der Membrane Type de membrane Tipo di membrano Type of membrane	Oberfläche Surface Superficie Surface m ²
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Dialysat / Dialysat / Liquido di dialisi / Dialysate

Bikarbonat Bicarbonat Bicarbonato Bicarbonate	<input type="checkbox"/>	Natrium Sodium Sodio Sodium	mmol/l	Kalium Potassium Potassio Potassium	mmol/l	Kalzium Calcium Calcio Calcium	mmol/l	Glukose Glucose Glucosio Glucose	mmol/l
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Antikoagulation / Anticoagulation / Antikoagulation / Anticoagulation

Heparin Héparine Eparina Heparin	initial charge iniziale Bolus	kont. entretien all'ora cont.	IU	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px dashed black; vertical-align: top;"> Fragmin Fragmin Fragmin Fragmin </td> <td style="width: 30%; border-right: 1px dashed black; vertical-align: top;"> initial charge iniziale Bolus </td> <td style="width: 40%; vertical-align: top;"> IU </td> </tr> </table>	Fragmin Fragmin Fragmin Fragmin	initial charge iniziale Bolus	IU
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Blutdruck / Tension artérielle / pressione del sangue / Bloodpressure

vor Dialyse avant la dialyse prima della dialisi before dialysis	nach Dialyse après la dialyse dopo la dialisi after dialysis	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px dashed black; vertical-align: top;"> Trockengewicht Poids de base Peso secco Dry weight </td> <td style="width: 20%; vertical-align: top;"> kg </td> <td style="width: 20%; vertical-align: top;"> Max. UF Rate ml </td> </tr> </table>	Trockengewicht Poids de base Peso secco Dry weight	kg	Max. UF Rate ml
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Bemerkungen / Remarques / Nota / Comments

