



Dialysis Center Etropol Beta, Ivan Vazov Str. 11, Nessebar, Bulgaria
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Dialysis Centre Etropol Beta

Questionary Holiday Dialysis

Contact Person for Dialysis (patient): _____

Address, phone, mobile: _____

Number of Dialysis: _____

Term to conducting dialysis: from date _____ to date _____

Dialysis shifts: morning (starting at 8.00 AM) afternoon (starting at 13.00)

Dialysis days: Mo/We/Fr Tu/Th/Sa

Remarks:

Vascular access: AV fistula Venous Catheter (Seldinger)
 Single Needle
 other _____

Facility options:
- **foods:** breakfast
- **drinks:** coffee tea beverages
- **entertainment:** TV radio magazines
- **hotel accommodation:** yes no
- **transfers:** from the hotel to the clinic from the clinic to the hotel
- **specific:** _____

Price per treatment: On individual agreement according to dialysis specifics.

Payment method: cash via bank transfer

Doctor and Nursing staff: English speaking German speaking Russian speaking

Remarks:

Many thanks for your cooperation filling this form!