



ANADOLU DIALYSIS ALANYA HOLIDAY DIALYSIS APPLICATION FORM

Name, Surname	
Birthdate	
City / Country	
Insurance company	

Telephone (mobile)	
Telephone	
Fax	
e-mail	

First day of your planned holiday	
Last day of your planned holiday	
Dialysis frequency per week	
Preferred dialysis days	
Preferred dialysis shifts (morning/afternoon)	
Any remarks about your dialysis	

Hepatitis B negative?	
Hepatitis C negative?	
HIV negative?	

- After filling this form completely, please fax it to +90 242 522 05 55, so we can answer your application latest in 24 hours.
- If you prefer to make your reservation on telephone, please call us under the number +90 549 522 62 99 with all this information.