

INFORMATION FOR THE PATIENT:

Full name:

Date of established treatment:

Type of treatment:

Cost of medical procedure:

Attending physician:

Contact phone:

Payments method:

- transfer:

Szpital ETERMED Sp. z o.o.
Żabi Kruk 10 Street, 80-822 Gdańsk
Bank Account No. **08 1240 1268 1111 0011 0001 8791**
(at latest 7 days before planned hospitalization)

Remarks for the patient	YES	NO
Please to report to the Clinic fasting.		
Please take your medication before coming to the Clinic.		
Please take your medication to the Clinic.		
Please take the recommended laboratory and imaging tests (X-rays, ultrasound scan, MRI).		
Please take your medical records regarding chronic diseases.		
Please take 2 elbow crutches.		

If you have any questions or doubts, please consult your doctor.

NOTE: in our online shop WWW.SKLEP.ETERMED.PL you can buy in attractive prices: **PRE-ORTHOPAEDIC EXAMINATION PACKAGE** or **PRE-SURGICAL EXAMINATION PACKAGE** and you can do them in many locations of our institutions.