



QUESTIONNAIRE

Please fill out the questionnaire in case you need health service on the basis of the European Health Insurance Card while temporarily staying in Estonia (EU Regulation 883/2004)!

FIRST NAME:	
SURNAME:	
DATE OF BIRTH:	
HOME ADDRESS:	
ADDRESS ON VACATION:	
PHONE:	
E-MAIL:	
CONTACT PERSONS NAME:	
PHONE/e-mail:	

A brief description about the health service needed:



Period of stay in Estonia: _____

Preferred dialysis dates: _____

Aim of stay in Estonia: Work: Vacation:

In which country did the necessity of the health service occur:

Name and address of your dialysis unit at home

Phone: _____ **Fax:** _____

e-mail: _____

DATE: ____/____/____

SIGNATURE (patient): _____

NAME / SIGNATURE (doctor): _____