



HOLIDAY BOOKINGS & ENQUIRIES

PATIENT'S DETAILS (to whom all correspondence will be sent)

First Name Surname

Address

Post Code Date of Birth

Email

Telephone Mobile

YOUR NEXT OF KIN

Name Relationship

Telephone Mobile

NAME OF YOUR MAIN DIALYSIS OR TRANSPLANT UNIT

West London Renal and Transplant Unit

For other Patients

YOUR DIALYSIS REQUIREMENTS

Please tick

Haemodialysis CAPD Homechoice None Transplant

Days Required MON TUE WED THU FRI

YOUR ACCOMMODATION REQUIREMENTS

Date From Date To

Number of Bedrooms Required Double Twin Single

None required (arranging own accomm) Enter Y

NAMES OF ALL GUESTS

Name	Patient/Relationship	Age If under 19 years	Wheelchair Required Y/N	Difficulty with Stairs Y/N
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I agree to the Terms and Conditions overleaf and confirm that I do not have Hepatitis B or C.

Signed Date

Please complete this form in BLOCK CAPITALS using a black pen and send it together with your deposit of £25 made payable to WLHHT to:

**St Anne's, 34 Havant Road, Emsworth, Hants PO10 7JG
Tel: 01243 376514 Fax: 01243 372807 info@stannesdialysis.co.uk**