



Makiminato Chuo Hospital Unscheduled Hemodialysis

牧港中央醫院 旅遊透析申込書

	Last (姓)	First (名)	Sex (性別)	<input type="checkbox"/> M	<input type="checkbox"/> F
Full Name (英氏名)					
Kanji (if any) (氏名)			Age (年齢)		
DOB (生年月日)		Nationality (国籍)		Language (言語)	<input type="checkbox"/> KO <input type="checkbox"/> EN <input type="checkbox"/> JP
Telephone (電話番号)		E-mail (メール)			
Emergency Contact (緊急連絡先)		Relation (続柄)		Tel (電話)	
Current HD Center (通院透析機関情報)	Name of HD Center:			Contact Number:	

Period of HD (予定透析期間) ~		<input type="checkbox"/> 8:30~ (午前)	<input type="checkbox"/> 12:30~ (午後)	_____times/wk (週に 回)
	YYYY MM DD	YYYY MM DD			
Date(s) of HD (予定透析日付け)	① 2019 / 12 / 28 YYYY MM DD <input checked="" type="checkbox"/> 8:30~ <input type="checkbox"/> 12:30~	② / / YYYY MM DD <input type="checkbox"/> 8:30~ <input type="checkbox"/> 12:30~	③ / / YYYY MM DD <input type="checkbox"/> 8:30~ <input type="checkbox"/> 12:30~		

Other Requests (その他)	Lunch (食事)	<input type="checkbox"/> No (不要)	<input type="checkbox"/> Yes (¥350 charge) (要) (加算あり)	Food allergies: (アレルギー)	<input type="checkbox"/>
	Wheelchair (車いす)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Doctor's Note (診断書)	<input type="checkbox"/> No (不要)	<input type="checkbox"/> Yes (¥2200 charge) (要) (加算あり)
	Pick-up Drop-off (送迎)	<input type="checkbox"/> No (不要)	<input type="checkbox"/> Pick-up: <input type="checkbox"/> Drop-off:	Note: This service is free, but is limited to between Naha Airport and American Village. If your pick-up/drop-off point is a hotel, please provide the name of the hotel and address.	

Instructions 注意事項

Please have the following materials prepared and FAX or E-mail to us by:
(下記の資料を右の日付け前に当院国際連携室にFAXまたはメールで送って下さい:)

2 weeks before appointment

- This form (本申込み書)
- List of current medication (服用中のお薬)
- HD summary (Use attached form) (透析条件)

- Most recent **3 HD** records dated after (右の日付以降の最近3回の透析記録)

3 weeks before appointment

(Use attached forms or those of home HD center)

- Blood test results dated after (右の日付以降の採血結果: HBs抗原・HCV抗体・梅毒反応含む)

1 month before appointment

(Must include HBs antigen, HCV antibody, syphilis reaction)

Note: Please report before **8:30** for morning session; report before **12:30** for afternoon session. **Please bring the last HD record from before your departure.**

(注: 午前中に透析希望の方は8:30前に来院して下さい; 午後透析希望の方は12:30前に来院して下さい。)