

LAKELAND DIALYSIS LIMITED

Booking Form

Month	Year	
Preferred Dialysis Dates	@	@
	@	@
	@	@

Title	Mr	Mrs	Miss	Other	Name
					NHS Number
					D.O.B
					Address
					Telephone Number
					Mobile
					E-Mail Address
					Name of Hospital
					Address
					Telephone Number.
					Hospital Contact. Name
					Hospital Contact. e-mail Address
Address whilst on holiday (If known)					
Telephone Number					
Person to contact in an emergency					
Telephone Number.					
Consent given for information to be stored on Lakeland Dialysis Database.					Tick

NB:- The client is not accepted until official notice is given by Lakeland Dialysis.

All information will be kept confidentially under the
General Data Protection Regulation 2018.
Tel 01900 822 888 Fax 01900 822 155