

APPLICATION FORM MEMBERSHIP

IDENTI	FICATION	<u>:</u>					
-	NAME OF THE CLINIC:						
-	RESPONSIBLE PERSON:						
-	CONTACT PERSON:						
-	WEBSITE:						
-	E-MAIL ADDRESS:						
-	ADDRESS:						
-	OPENING HOURS:						
-	VAT-NUMBER:						
-	JURIDICAL FORM:						
-	YEAR O	F ESTABLISHMENT:					
THE CL	INIC OFFE	ERS THE FOLLOWING DI	SCIPLINES:				
-	DISCIPLINES:						
		Plastic & aesthetic sur	gery				
		Dentistry					
		Ophthalmology					
		Flebology					
		Stomatology					
		Orthopedics					
		Nose, throat, ear:					
		Dermatology:					
		Gynecology:					
		Other:					
MEDIC	AL SPECIA	ALICTS:					
IVIEDIC.		ER OF DOCTORS ACTIVE	IN THE CLINIC:				
_		NUMBER OF THE ACTIVE					
		Name specialist:NIHDIn°:NIHDIn°:					
	•		NIHDIn°:				
			NIHDIn°:				
			NIHDIn°:				
			NIHDIn°:				
	'		NIHDIn°:				
			NIHDIn°:				
			NIHDIn°:				
			NIHDIn°:				
	Name s	pecialist:	NIHDIn°:				



OPERATING THEATRE & ANAESTHESIA:

- THE CLINIC WORKS WITH ANAESTHETISTS: YES/NO
- THE CLINIC EXECUTES INTERVENTIONS UNDER LOCAL AND GENERAL ANAESTHESIA: YES/NO
- THE CLINIC ONLY EXECUTES INTERVENTIONS UNDER LOCAL ANAESTHESIA: YES/NO
- THE CLINIC ONLY EXECUTES INTERVENTIONS UNDER GENERAL ANAESTHESIA: YES/NO
- NUMBER OF OPERATION ROOMS:

POST-OPERATIVE ACCOMODATIONS:

- THE CLINIC OFFERS ACCOMODATIONS TO STAY: YES/NO (if "NO", pass on to "ACCESSIBILITY")
- IF "YES", HOW MANY ROOMS?
- DURING NIGHT MEDICAL PERMANENCY IS AVAILABLE? YES/NO

ACCESSIBILITY & PERMANENCY:

- AVAILABLE BY PHONE AFTER OPENING HOURS: YES/NO
- MEDICAL PERMANENCY AFTER OPENING HOURS: YES/NO

OTHER INFORMATION:

- THE CLINIC HAS EXPANSION PLANS: YES/NO

-	THE CLINIC HAS ITS	ANNUAL LEAVE: FROM .	UNTIL	

FOR TRUTH,

NAME:
FIRST NAME:

DATE:
SIGNATURE: