

To assist you, please send this form duly completed to: patients.international@chirec.be

1. Person for whom medical assistance is required:

As in passport-identity card:

Family Name:.....

First Name:.....

Date of birth:/...../..... (dd/mm/yy)

Place of birth:.....

Nationality:

Gender:

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

Languages spoken:

Complete Address:

Street/Nr:.....

City Code..... City.....

Country:.....

Telephone (including prefix):

Mobile phone (including prefix):

Email :.....@.....

Details of accompanying person and/or in case of emergency:

Family Name:

First Name:.....

Date of birth:/...../..... (dd/mm/yy)

Place of birth:.....

Nationality:.....

Telephone (including country code):.....

Mobile phone:

Email :.....@.....

2. Social security:

Do you have an European medical health coverage (EU card, mutuelle)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Do you have a 100% guarantee of payment from a private insurance?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, which insurance company

Any other type of financial coverage :

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, what kind:

3. Medical information:

Description of the medical problem/medical history/treatment and medical requirements.

4. Travel schedule:

When would you be available to come to Brussels, Belgium?

Do you already have a valid VISA?

Yes	
No	

Please provide the following attachments along with this form:

- **Copy of passport of patient**
- **Guarantee of payment if applicable**
- **Medical file (reports & imaging, e.g. x-rays or others...)**

We will handle your request with the minimum delay possible.

The International Patients Unit CHIREC – patients.international@chirec.be – Tel 32 2 434 55 58