

PLS FILL OUT HTIS FORMSHEET

Dear patient

Please fill in the following form:

IMPORTANT QUESTIONS:

PATIENT'S NAME

1. _____

2.

ARE YOU A WHEELCHAIR PATIENT?

DO YOU NEED A WHEELCHAIR-CAR

OR

CAN YOU WALK ON YOUR OWN - WITH SOME HELP resp. -

ARE YOU ABLE TO STAND?

IS TRANSPORTATION IN A LIMOUSINE POSSIBLE?

IF YOU DEPEND ON A WHEELCHAIR YOU HAVE TO BRING YOUR OWN WHEELCHAIR TO COLGONE.

3. HOW MANY PERSONS WILL BE ACCOMPANING THE PATIENT TO COLOGNE ?

4. E-MAIL AND MOBILE PHONE NUMBER OF THE PATIENT (IN CASE OUR DRIVER MUST GIVE YOU A PHONE CALL)_____

5. IN CASE YOU DID THE HOTEL RESERVATION BY YOURSELF – WHAT IS THE NAME OF THE PERSON WHO DID THE RESERVATION? (Sometimes the name of the patient and the person which did the booking is different).

6. DRIVER MOBILE PHONE

Ralf Rausch +49 160 1547135

(MANAGER XCELL WOLFGANG HAPPE MOBILE PHONE NO. +49 160 87 459 87)

Do you want a pick up service? (Our fee is cheaper than a taxi...).

We will pick up the patients directly at the gate of the airport or at the main station. We also will assist with hotel and airline check in.

FEE FOR PICK UP SERVICE:

PICK UP FROM FRANKFURT AIRPORT : 500 EURO / FROM DUESSELDORF: 280 EURO / FROM COLOGNE : 150 EURO

QUESTIONS – IF THE PATIENT WILL GOT A PICK UP SERVICE:

INFORMATION ABOUT HIS DESTINATION.

- Date of departure _____
- Airport name _____
- Flight number _____
- Name of airline _____
- Arrival airport _____
- Date and time of arrival _____

BACK FLIGHT INFORMATION – GERMANY AIRPORT :

- Date of dep. _____
- Airport name _____
- Flight number _____
- Name of airline _____
- Name of dep. Airport _____
- Date and time of dep. _____

QUESTION FOR HOTEL BOOKING – IF PATIENT WILL HAVE THIS SERVICE