



FNOMCeO

Prot. N°: _____

Rif. Nota:

Resp. Proced.: - Dr.ssa L. Castigliero

Resp. Istrut.:

OGGETTO:

Registro Italiano dei Medici – nuova
Iniziativa.

Roma, _____

COMUNICAZIONE N. 86

AI PRESIDENTI DEGLI ORDINI PROVINCIALI
DEI MEDICI CHIRURGHI E DEGLI
ODONTOIATRI

AI PRESIDENTI DELLE COMMISSIONI PER
GLI ISCRITTI ALL'ALBO DEGLI
ODONTOIATRI

LORO SEDI

Ci è giunta una segnalazione concernente una nuova iniziativa, a nome della "EuroMedi* - European Medical Directory" la quale, dall'esame della documentazione pervenuta, che alleghiamo, appare del tutto simile alla ben nota richiesta di "aggiornamento dati" del Registro Italiano dei Medici.

E' necessario, pertanto, prestare la massima attenzione in caso di ricevimento di tale modulistica, evitando di sottoscriverla.

Si prega di dare massima diffusione a tutti gli iscritti.

Cordiali saluti

IL PRESIDENTE
Dott.ssa Roberta Chersevani



All.to

MD16027 1761066920

ROBERTO CASIERI
PAPA GIOVANNI PAOLO
SOTTILE CAMILLO
ITALY

EuroMedi
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Your reference:

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Our reference:

II MD230-140-042016/10-001

Date: 20 April 2016

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Please note the deadline for submission:

03 June 2016

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CONTACT DETAILS	
Name of the practice / practising physician	
Street / Number	
Postal code / City:	E-Mail / Website
Telephone / Fax	VAT number

MEDICAL SPECIALTY, MAIN FOCUS	
INFECTIOUS DISEASES	Reg. number

PRACTICE DETAILS	
	Tick as appropriate <input checked="" type="checkbox"/>
Opening hours	
Location and accessibility	
<input type="checkbox"/> Ground floor	<input type="checkbox"/> Elevator
<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Parking space
Spoken languages	
<input type="checkbox"/> German	<input type="checkbox"/> English
<input type="checkbox"/>	<input type="checkbox"/> Spanish

ADDITIONAL INFORMATION	
Appointments	Tick as appropriate <input checked="" type="checkbox"/>
<input type="checkbox"/> By telephone	<input type="checkbox"/> Online
<input type="checkbox"/> By arrangement	<input type="checkbox"/> Email
Home visits	Acceptance of emergency patients
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Equipment	
<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> ECG
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Laser

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