

## INDONESIA Travel Prescription

## Patient Travel Information:

Patient Name: (病人名字):	Destination address: (送貨地點)	
Home address: (台灣住址):	Destination Contact: (聯絡人)	Phone: (電話)
	Arrival Date: (到達日期):	Unit Contact Name: (台灣就診醫院聯絡人):
Requested Delivery Date	Phone: (電話)	

## Therapy Information :

Dialysis Clinic Name / (台灣就診醫院名稱)	
Address/ (台灣就診醫院地址)	

## MANDATORY for patient stays in HOTEL

1. Name of Hotel	
2. Hotel Contact Number	
3. Booking Confirmation Number	
4. Booking Under Whose Name	
5. Check in / Check Out Time	

**\*\* Details have to be provided during order placed OR at least 2 weeks before request delivery date to ensure delivery could be arranged as per requested date.**

What is the required lead-time on Inbound orders? Min 3 month

Additional Contain Information Comments

**As of 25 May 2015:** Please be informed that Indonesia will resume back the Inbound travelling patients with [minimal 3 months notification.](#)

## Product Information:

Solution Type (circle one)	% Dextrose (circle one)	Volume	Twinbag	Product Code	Quantity (CA/EA)
Dianeal PD 4	1.5 %	2 L	Yes	FNB9766E	
Dianeal PD 4	2.5 %	2 L	Yes	FNB9776E	
Dianeal PD 4	4.25 %	2 L	Yes	FNB9796E	
Minicaps				SC4466P	

Physician Signature (醫師簽名/如果蓋章,也要手寫簽名,全英文)

Date

Physician Name Printed (醫師簽名/如果蓋章,也要手寫簽名,全英文)