|  |
| --- |
| **Planning des séances d’hémodialyse** |

**Identification de l’établissement :**

**Nom de l’établissement : [onshow.yourestab]**

**INPE : ………………………………………………………………………………………….**

**Identification de l’Assuré/Bénéficiaire des séances :**

N°IMMATRICULATION **: ……………………………………………………………………**

NOM ET PRENOM DE L’ASSURE **: …………………………………………………………**

NOM ET PRENOM DU BENEFICIAIRE : **[onshow.yourname]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Mois** | **Jour des séances** | **Dates des séances** | | | | | **Nombre**  **Total** |
| **[onshow.dateM1]** | [onshow.jourM11] | [onshow.M111] | [onshow.M112] | [onshow.M113] | [onshow.M114] | [onshow.M115] |  |
| [onshow.jourM12] | [onshow.M121] | [onshow.M122] | [onshow.M123] | [onshow.M124] | [onshow.M125] |
| [onshow.jourM13] | [onshow.M131] | [onshow.M132] | [onshow.M133] | [onshow.M134] | [onshow.M135] |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Mois** | **Jour des séances** | **Dates des séances** | | | | | **Nombre**  **Total** |
| **[onshow.dateM1]** | [onshow.jourM21] | [onshow.M211] | [onshow.M212] | [onshow.M213] | [onshow.M214] | [onshow.M215] |  |
| [onshow.jourM22] | [onshow.M221] | [onshow.M222] | [onshow.M223] | [onshow.M224] | [onshow.M225] |
| [onshow.jourM23] | [onshow.M231] | [onshow.M232] | [onshow.M233] | [onshow.M234] | [onshow.M235] |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Mois** | **Jour des séances** | **Dates des séances** | | | | | **Nombre**  **Total** |
| **[onshow.dateM1]** | [onshow.jourM31] | [onshow.M311] | [onshow.M312] | [onshow.M313] | [onshow.M314] | [onshow.M315] |  |
| [onshow.jourM32] | [onshow.M321] | [onshow.M322] | [onshow.M323] | [onshow.M324] | [onshow.M325] |
| [onshow.jourM33] | [onshow.M331] | [onshow.M332] | [onshow.M333] | [onshow.M334] | [onshow.M335] |

Fait à **[onshow.yourtown]**, le [onshow.date]

Cachet et Signature