



**QUINZE-VINGTS**

CENTRE HOSPITALIER NATIONAL D'OPHTALMOLOGIE

**Office for non-EU Patients**

Tel.: +33 1 40 02 10 32

Fax: + 33 1 40 02 10 31

E-mail: [rdv2@15-20.fr](mailto:rdv2@15-20.fr)

**Appointment Request for the patients  
from outside the European Union**

You would like to consult a doctor at the Quinze-Vingts National Ophthalmology Hospital.

Please send us an application containing :

- a **detailed recent medical report** in French or English
- your **patient registration number** if you have previously received care at the Quinze-Vingts NOH :
  - IPP n°:
- your **patient contact details**
  - Last name :
  - First Name :
  - Date of birth :
  - Complete address :
  
  - E-mail address:
- a copy of **your passport or proof of identity**
- the **contact details of a correspondent** in France
  - Last name :
  - First Name :
  - Complete address :
  
  - Telephone:
  - E-mail address:

Upon receipt of these items, your file will be created and submitted to a doctor who will determine your care pathway.

You will then be sent an estimate detailing the costs and specifying the amount of the guarantee deposit. The deposit must be made at least a day before the care. No treatment will be initiated prior to receipt of this upfront deposit.

**Postal address**

**CHNO des Quinze-Vingts**  
**Bureau des patients**  
**ressortissants hors UE**  
28 rue de Charenton  
75571 Paris cedex 12

**To submit your application on site**

**Office for non-EU Patients**  
**Gate 4 - Level -1 - A WING**  
Mondays to Fridays :  
9am - 1pm & 2pm - 4pm

**E-mail and telephone contact details**

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[rdv2@15-20.fr](mailto:rdv2@15-20.fr)  
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