



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

**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
Mondays to Fridays :
9am - 4pm

E-mail and telephone contact details

Office for non-EU Patients
rdv2@15-20.fr
Tel.: +33 1 40 02 10 32
Fax: +33 1 40 02 10 31
www.15-20.fr