



FNOMCeO

Roma, \_\_\_\_\_

COMUNICAZIONE N. 62

AI PRESIDENTI DEGLI ORDINI PROVINCIALI  
DEI MEDICI CHIRURGHI E DEGLI  
ODONTOIATRI

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

LORO SEDI

Prot. N°: \_\_\_\_\_

Rif. Nota:

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

Resp. Istrut.:

OGGETTO:

Segnalazione iniziativa EuroMedi.

Continuano a giungere segnalazioni, da parte degli Ordini, in merito alla iniziativa della Società **EuroMedi – European Medical Directory** concernente nell'invio, alla generalità degli iscritti, di una richiesta di "aggiornamento dati" da sottoscrivere ed inviare attraverso la compilazione di un modulo.

Questa Federazione, con la precedente **comunicazione n. 86 del 2016**, aveva già reso nota la questione a tutti gli Ordini provinciali invitando a **NON SOTTOSCRIVERE** la modulistica di cui trattasi, in quanto risulta essere del tutto simile alla ben nota iniziativa del **Registro Italiano dei Medici**.

Si prega, pertanto, di dare la massima diffusione a tutti gli iscritti.

Cordiali saluti

IL PRESIDENTE  
Dott.ssa Roberta Chersevani

All.to

EuroMedi  
European Medical Directory  
Dept. Database/Data Verification

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Website: [www.euromedi.eu](http://www.euromedi.eu)  
Email: [mail@euromedi.eu](mailto:mail@euromedi.eu)  
Tel.: +49 40 75 11 99 - 0  
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Your reference:

1839434173 MD17016

Our reference:

II MD230-140-042016/10-001

7840 392

MD17016 1839434173

MERLINO GIOVANNI

V. XII GENNAIO 1910

90100 PALERMO

Date: 24 March 2017

Please read carefully.

### Data Verification European Medical Directory

EuroMedi, the European Medical Directory, which among other things registers doctors who are qualified and recognised in accordance with EU Directive 2005/36 EC, is currently reviewing your practice details. Please check your data: MERLINO GIOVANNI, V. XII GENNAIO, 1/M, 90100, PALERMO, TEL. +39091 324949, GENERAL PRACTICE for accuracy and completeness and amend it if necessary. The basic entry, which contains name, address, telephone, fax and medical specialty and any update is free of charge. If you wish to make amendments or supplements, please do so exclusively on the website [www.euromedi.eu](http://www.euromedi.eu) under the menu item Entry. We will then publish your revised details as soon as possible. Please note the deadline for submission. Verify your medical specialty on the enclosed form, and if necessary, amend your details to place a chargeable order. You will receive a graphically designed, highlighted entry in the EuroMedi European Medical Directory. Please note that we do not belong to any official organisation or institution of the European Union.

EuroMedi  
European Medical Directory  
Dept. Database/Data Verification

### Data Verification/ Confirmation of Validity

Please check your practice details, as we cannot guarantee their accuracy and validity otherwise. For this purpose, please use the enclosed business reply envelope.

Please note the deadline for submission:

**05 May 2017**



This order form will be machine-read. Please fill in clearly in black or blue block letters.

Please be absolutely sure to check that all information is correct and amend or supplement it if necessary. The data will be used for your chargeable entry on [www.euromedi.eu](http://www.euromedi.eu).

1839434173 MD17016

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

MEDICAL SPECIALTY, MAIN FOCUS	
GENERAL PRACTICE	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"/> Parking space
<input type="checkbox"/> Wheelchair access	<input type="checkbox"/>
Spoken languages	
<input type="checkbox"/> German	<input type="checkbox"/> English <input type="checkbox"/> Spanish
<input type="checkbox"/>	

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

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City, Date	Legally binding signature / stamp
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