



FNOMCeO

Prot. N°: \_\_\_\_\_

Rif. Nota:

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

Resp. Istrut.:

OGGETTO:

Registro Italiano dei Medici – nuova  
Iniziativa.

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

COMUNICAZIONE N. 86

AI PRESIDENTI DEGLI ORDINI PROVINCIALI  
DEI MEDICI CHIRURGHI E DEGLI  
ODONTOIATRI

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

LORO SEDI

Ci è giunta una segnalazione concernente una nuova iniziativa, a nome della "EuroMedi\* - European Medical Directory" la quale, dall'esame della documentazione pervenuta, che alleghiamo, appare del tutto simile alla ben nota richiesta di "aggiornamento dati" del Registro Italiano dei Medici.

E' necessario, pertanto, prestare la massima attenzione in caso di ricevimento di tale modulistica, evitando di sottoscriverla.

Si prega di dare massima diffusione a tutti gli iscritti.

Cordiali saluti

IL PRESIDENTE  
Dott.ssa Roberta Chersevani



All.to

MD16027 1761066920

ROBERTO CASIERI  
PAPA GIOVANNI PAOLO  
SOTTILE ANNA  
ITALY

EuroMedi  
European Medical Directory  
Dept. Database/Data Verification

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

Your reference:

1761066920 MD16027

Our reference:

II MD230-140-042016/10-001

Date: 20 April 2016

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:

ROBERTO CASIERI, INFECTIOUS DISEASES

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.

### 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:

**03 June 2016**

EuroMedi  
European Medical Directory  
Dept. Database/Data Verification

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).

1761066920 MD16027

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

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

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

Order: We hereby confirm the accuracy of our company's data as per the information given above and we hereby place an order with DAD GmbH (EuroMedi) to publish them in a graphically highlighted form on [www.euromedi.eu](http://www.euromedi.eu) according to the general terms and conditions printed overleaf. We accept the entry's annual costs of 877 Euro, which are payable in advance upon receipt of the invoice. We acknowledge that the contract is valid for the next three years and subsequently will be automatically extended annually unless we provide a written notice requesting termination of the contract, this being no later than three months before the expiration of the contract's term. We are only able to revoke the contract by registered letter within fourteen days of the order date; whereby the date of postage is decisive. We authorize EuroMedi to use contents found on our website for the layout of our entry. We acknowledge Hamburg-Mitte as place of performance and jurisdiction and that German law is solely applicable. We confirm that prior to this order placement we had no business relationship with EuroMedi. We agree that our company's data will be stored electronically.

City, Date	Stamp and legally binding signature