



Booklet to be completed For your anaesthesia consultation

The full welcome booklet is available on the website and can be sent to you by e-mail or given to you during your anaesthesia consultation.

WELCOME DESK : +334 79 26 80 80

ANAESTHESISTS : +334 79 26 81 81

URGENCIES : +334 79 26 82 82

<https://www.medipole-de-savoie.fr>

→ This file has to be given to the welcome desk of the Médipôle de Savoie after your anaesthesia consultation.

You have to do your pre-admission the day of your anaesthesia consultation, please manage your time.



Make an appointment with the anaesthetist

By internet on the website www.medipole-de-savoie.fr or <http://patient.medipole-de-savoie.fr>

By telephone: 04 79 26 81 81 Monday to Friday, 8 :15 am to 6 :20 pm.

Alternatively, at the anaesthetist secretary after the surgeon's consultation.



The day of your anaesthesia consultation

Please complete:

- ☐ Anaesthesia medical questionnaire
- ☐ Document of consent
- ☐ Admission paper
- ☐ Document for the nomination of a person to notify and a person of trust
- ☐ Surgery authorization for minors and adults under guardianship signed by both parents and legal tutor.
- ☐ Surcharge that may be at the patients' expense paper

Please bring :

- ☐ Your ID card or passport
- For kids : child' ID card and one of the parents'
- ☐ European health insurance card (for European residents)
 - ☐ Eventually, employer's declaration,
 - ☐ Blood group card or other reports if you have.

Anaesthesia medical questionnaire

MEDICARE: ANAESTHESIA – REANIMATION – PAIN

TO BE FILLED UP BEFORE THE ANAESTHESIA CONSULTATION

Dear Madam, Sir,

Before surgery, you will meet one of the clinic's intensive care anaesthetist; he/she will advise you that teamwork is essential in order to ensure proper perioperative monitoring in coordination with the surgery and the intensive care units.

Therefore, unless you explicitly choose not to (we will respect your choice), each doctor may be acquainted with your medical file and may be called to visit you or provide you with care during your stay at the clinic.

Minors must be accompanied by one of their parents or by a close adult relative with a disclaimer signed by a legal representative.

THE COST OF YOUR RETURN TRIP TO THE ANAESTHETIC CONSULTATION (BY AMBULANCE OR SIMILAR) MAY ONLY BE CLAIMED BACK THROUGH A PRESCRIPTION (FAMILY DOCTOR / SURGEON)

A FEW IMPORTANT ADVICE

If you have the following documents: **Blood group card, blood test results, urinalysis, reports** (cardiologist, allergist, haematologist, pulmonologist ...), **do not forget to bring them to your anaesthetic consultation.**

- If you are taking one of these medicines, the anaesthetic secretary may offer you an appointment with the anaesthetist eight days before the surgery:

- ANTIAGGREGANT: any medicine that contains aspirin.
- ANTI-COAGULANT: Warfarin, Xarelto, Pradaxa, Eliquis, Lixiana etc,
- Neurolitium, Teralithe, Insulin.

- If you are following a treatment for your heart or blood pressure, don't stop it without the advice of the anaesthetist.

- The fasting instructions will be given to you during the consultation or by the nurse the day before surgery. They will depend on the hour of the surgery and the types of liquid you can take, your medical history and the age for children. For information about the anaesthesia (see page 3 of the welcome booklet).

Surname: First Name: Age :

Occupation: Weight: Height:

To check

Family Doctor:

YES NO

If you are currently taking medication, please bring your prescription(s)

- ☐ ☐ 1. Do you smoke? (Number of cigarettes per day)
- ☐ ☐ 2. Did you or do you currently drink alcohol every day?
- ☐ ☐ 3. Do you use recreational drugs?
- ☐ ☐ 4. Are you on a diet?
If yes, which one?
- ☐ ☐ 5. For a female:
 - ☐ ☐ - Are you pregnant or are you periods late?
 - ☐ ☐ - Do you take any contraceptive (pill)?
- ☐ ☐ 6. For a child:
 - ☐ ☐ - Is he/she born at full-term?
 - ☐ ☐ - Has he/she been hospitalized, especially during the first year?
- ☐ ☐ 7. Have you ever been put asleep (anaesthetized)?
- ☐ ☐ 8. Have you ever been operated? If yes, please mention with approximate date:

- ☐ ☐ 9. Have you ever had any problem with anaesthesia?
If yes, please mention?

- ☐ ☐ 10. **Do you have any heart issues?**
If you are being followed by a cardiologist, please give his/her name :
 - ☐ ☐ - For myocardial infarction, angina pectoris?
 - ☐ ☐ - For a thrombosis?
 - ☐ ☐ - For a pulmonary embolism?

YES NO

☐ ☐

- For an Arteritis?

☐ ☐

- For hypertension?

☐ ☐

- For a heart murmur?

☐ ☐

- For an Arrhythmia?

☐ ☐

- For the heart or the vessels?

☐ ☐

- Do you have a STENT?

☐ ☐

11. Do you have any lung issues?

☐ ☐

- Do you suffer from sleep apnoea?

☐ ☐

If yes, do you have a machine for that?

☐ ☐

- Do you have more than 3 bronchitis during the winter?

☐ ☐

- Do you have asthma?

☐ ☐

- Did you ever have tuberculosis?

☐ ☐

12. Have you ever had renal or urinary problems?

☐ ☐

13. Did you or do you have a neurological disease?

☐ ☐

- Do you have migraines?

☐ ☐

- Do you suffer from anxiety?

☐ ☐

- Did you suffer from depression?

☐ ☐

- Epilepsy?

☐ ☐

- Loss consciousness, fainted?

☐ ☐

- Paralysis?

☐ ☐

- Sciatic?

☐ ☐

- Parkinson's disease?

☐ ☐

- Memory disorders?

☐ ☐

14. Did you ever have digestive problems?

☐ ☐

- Do you have ulcers or other stomach disorders or hiatal hernia?

☐ ☐

- Did you have jaundice or hepatitis?

☐ ☐

15. Do you have diabetes?

☐ ☐

16. Do you have cholesterol?

☐ ☐

17. Did you ever have malaria or other infectious diseases?

☐ ☐

- Have you been HIV- or hepatitis tested?

☐ ☐

- Have you ever been hospitalized abroad during the last year (specify country)?

☐ ☐

- In France (specify city)?

☐ ☐

- Have you ever had retina surgery or neurosurgery?

☐ ☐

18. Have you ever bled for more than one day after a surgery or a wound?

☐ ☐

- Is there any member of your family with haemophiliac disorder?

☐ ☐

- Have you ever received a blood transfusion?

☐ ☐

19. Do you have glaucoma? (eye disease)

☐ ☐

20. Do you have any allergies? In particular:

☐ ☐

- Antibiotics?

☐ ☐

- Other medicines?

☐ ☐

- Latex?

☐ ☐

- X-ray contrast products, scanner, disinfectant,...?

☐ ☐

- Have tests been made? (Bring results)

☐ ☐

21. Is there any medication that you cannot tolerate?

☐ ☐

If yes, which ones?

☐ ☐

22. In your family, are there any: malignant hyperthermia, mastocytosis, angioneurotic oedema, myopathy or porphyria?

☐ ☐

23. Was there any unexplained death in your family of someone aged less than 50 years old?

☐ ☐

24. Do you have fragile teeth: loose tooth, dentures, etc....?

☐ ☐

Do you have dental appliances?

☐ ☐

25. Do you wear contact lenses?.....

☐ ☐

26. Do you have anything else to report?

☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐



300 Avenue des Massettes
73 190 CHALLES LES EAUX
Tél : 04 79 26 80 80
Fax : 04 79 26 80 30

Document of consent

MEDICARE: ANAESTHESIA — REANIMATION

**PLEASE SIGN DOCUMENT AND GIVE IT TO THE NURSE
UPON YOUR ARRIVAL IN THE UNIT**

Surname: **First Name:**

During the anaesthetic consultation on the...../...../..... with Dr For an intervention planned on the...../...../..... :

I confirm that I have been made aware of the benefits and risks of anaesthesia. I was able to ask all the relevant questions and understood the given answers.

I was informed of the fact that if a blood or blood derivatives transfusion is judged essential by the intensive care anaesthetists, it may be given especially if there is risk to life.

If you suffer from sleep syndrome and if you are wearing an appliance, you must bring your equipment on the day of your hospital stay, even on an outpatient basis.

I have received all the information about anaesthesia and blood transfusion as well as the rules for outpatient anaesthesia and in particular the necessity **to be accompanied for the journey back home**.

I can assure that I will have fasted on the day of my surgery including : no eating or drinking any dairy products or fruit juice, no smoking, no chewing gum at least 6 hours before the admission time and no drinking clear liquids (water, coffee or sugared tea but without any dairy products) at least 3 hours before the admission time at the clinic, subject to the anaesthetist's approval. Snack and drinks can be consumed only in accordance with the above-mentioned time restrictions and in moderation.

If these instructions are not followed, your surgery could be postponed.

This document doesn't in any way wave the anaesthetist's responsibility of care towards me.

In case of accidental contact of your blood with a member of the medical staff, do you agree to be tested for Hepatitis B,C and HIV status : YES ☐ - NO ☐

FEES

MEDICARE: ANAESTHESIA — REANIMATION

Your surgery could lead to an excess of fee charges for the anaesthesia calculated based on 50% of your surgeon's when they take an excess, with a minimum of 25 Euros in other cases such as digestive endoscopy, and globally for ENT and dental surgery.

You will find the excess fees for the most common interventions, either displayed in the anaesthetist's waiting room or on our website Médipôle de Savoie.

Payment must be made at the departures office on the day of your departure or upon entry if you are on an outpatient basis, by check made out to the order of Médipôle de Savoie. The amount will be stated on your medical form or your bill. It may be refundable by your health insurance depending on the terms of your contract.

Date :/...../.....

Signature :

Amission Paper

MUST BE FILLED IN AND LEFT AT THE RECEPTION DESK ON THE DAY OF YOUR ANAESTHESIA CONSULTATION.

Fax for Admissions: 04 79 26 83 90

@ : admissions@medipole-de-savoie.fr

To be filled in by admin:

N° pre-admission:

N° file:

Documents to bring on the day of your admission

- ☐ European health insurance card (for European residents)
- ☐ ID card or passport
- ☐ Surgery authorization for minors and adults under guardianship signed by both parents and legal tutor.

PATIENT'S INFORMATION

Surname: First Name:

Birth Name:

Date of Birth (DD/MM/YYYY): / / Place of Birth:

Address:

Postal code: City:

Telephone: +34 **E-mail address:**

(To send you a satisfaction questionnaire)

Gender: ☐ M ☐ F Occupation:

Name of family doctor:

Name of surgeon:

Date of entry (DD/MM/YYYY): / /

Your type of hospitalisation: ☐ Outpatient (leave on the same day) ☐ Classic (one night stay minimum)

Are you exonerated from paying? (Due to condition/illness related to your surgery): ☐ YES ☐ NO

If YES, please advise as follows:

☐ Long-lasting condition ☐ Article 115 ☐ Invalidity

☐ Work injury or illness ➔ Date : / /

(Please bring employer's declaration)

Take advantage of the C.M.U. : ☐ YES ☐ NO

Document for the nomination of a person to notify and a person of trust

MUST BE FILLED IN AND BROUGHT WITH ADMISSION PAPER

Patient

I, the undersigned,

SURNAME: First name: Birth name:

Date of birth (DD/MM/YYYY): / /

Address:

.....

Telephone(s): +34

Admitted in the facility from (DD/MM/YYYY) / /

I name a **person to notify** (we would contact this person if needed):

Surname: First Name:

Telephone(s):

☐ I do not want to name a person of trust

☐ I name a **person of trust** (This can be the same person or a different one, he/she can be by your side and be consulted if you can't express your will or be informed about your care):

Surname: First name: Birth name:

Date of birth (DD/MM/YYYY): / /

Address:

.....

Telephone(s):

I will tell this person about this nomination and check for his/her approval. I have been informed that this nomination can be cancelled in writing at any time.

In :

Patient's signature:

Date: / /

Surgerie Authorisation for minors and adults under guardianship

For MINORS: According to article dated 4th of March 2002, it is essential that the authorization is being delivered by both people who have the parental authority if exercised in common. If not, you need to bring proof that you are exercising parental authority alone.

CHILD

- ☐ Us, the undersigned, Mr. and Mrs.
Authorize and certificate
- ☐ I, the undersigned, Mr., Mrs.
Authorize and certificate
- That our (my) child:

ADULT UNDER GUARDIANSHIP

- ☐ I undersigned Mr., Mrs.
Authorize and certificate
- That the adult under guardianship:

As the legal guardian:

After information received by the Doctor, Surgeon

And by the Doctor, Anaesthetist

I certify:

- To have received clear information about the anaesthesia and the planned surgery, the actual procedure as well as the risks.
- To give the authorization to do anaesthesia.
- To give the authorization to operate and provide all the necessary care.
- To give the authorization that all non-planned procedures that the surgeon thinks are necessary during surgery would be done under local, general anaesthesia

Done in

On the / /

Signature of legal guardian(s):

Parent 1

Parent 2

Legal guardian

Sworn statement and discharge of a minor

SWORN STATEMENT

☐ the undersigned, *Mrs / Mr**, inform you that *my son / my daughter** born on the..... / / has to be operated on the / / by Doctor for the procedure:

I can confirm that I have received clear and full information about the benefits and the risks of this surgery.

However, I could not get the authorization of the *father/mother** of the minor child from whom I am separated and without news despite many attempts to join *him / her **.

I take entire responsibility for this procedure being performed on my minor son / my daughter * with full knowledge and will do everything possible to get the authorization from *his / her* father/mother **.

Statement established for all due intents and purposes.

In.....,

On the..... / /

Signature:

(To be advised) *

DISCHARGE OF A MINOR

Madam, Sir,

Your child's discharge can only be authorized with the attendance of one of the parents or the legal tutor, with proof of ID , or a person that they have named and authorized in writing, with proof of ID.

Discharge planned with other adult ☐

I authorize Mr. or Mrs.: (Name and Surname)

To discharge the minor: (Name and Surname)

From Médipôle de Savoie

In Challes Les Eaux, on the: / /

Signature:

Surcharge that may be at the patient's expense

Patient :

Intervention date:/...../..... Act CCAM Intervention :

Date of entry:/...../.....

This quote, given by the surgeon during the consultation and filled up by the anaesthetist during your preoperative consultation, has to be given to the entry office for your admission.

| At the surgeon's or specialist' consultation | Patient's signature For each surcharge requested |
|---|---|
| Fees' amount of € Will be requested by your surgeon or doctor, Dr..... <input type="checkbox"/> OPTAM-CO / OPTAM doctor I accept the fees and commit to pay it. | |
| At the anaesthetist consultation | Patient's signature |
| Fees' amount of € Will be requested by your surgeon or doctor, Dr..... I accept the fees and commit to pay it. | |
| Other surcharges for special requests | |
| <input type="checkbox"/> I declare that I have acquainted myself with the surcharges applied by the establishment I recognized asking for: <input type="checkbox"/> A single room (according to availability the day of entry) <ul style="list-style-type: none"> Hospitalisation / day : 75 € Ambulatory / day : 20 € <input type="checkbox"/> A disabled room <input type="checkbox"/> Television: : 4 € / day <input type="checkbox"/> Telephone: fixed price of 5 € + billing according to utilization <input type="checkbox"/> Internet access (wifi): 2 € / day | |
| Information accompanying person's surcharges: accompanying person's meal : 10 € accompanying person's bed : 10 € accompanying person's breakfast : 4 € | I undertake to pay all corresponding surcharges. Number of checked boxes: Date :/...../..... Patient signature: |
| <i>If no convention is established between the establishment and you mutual insurance, you will have to pay the fees that are not borne by your health insurance in advance.</i> | |

Supplements likely to remain the responsibility of the patient

Depending on your coverage by social agencies (Social Security and special funds) and complementary (mutual, etc.), some supplements may remain your responsibility.

Medical fees supplements

The agreement in sector II and the access to care contract allow practitioners to value the basic rate of Social Security to take into account the circumstances, difficulties and / or risks related to the intervention, the notoriety of practitioners ; and this to cope with the increase in charges not offset by the increase in the Social Security tariff.

Only fees that have been the subject of information relating to their amount in the welcome booklet or have been the subject of a signed quote may be billed to patients for acts performed during of their stay.

In addition to the one requested by the surgeon that you have specifically chosen, a supplement may be requested by the anesthetist practitioners as specified on page 4.

For radiologists who have signed the contract of access to care, their supplement will not exceed 20 € uros per stay.

Hotel Supplements

The property may charge hotel fees on:

- **The single room:** check the support by your mutual.
- **TV,**
- **The phone,**
- **Internet access,**
- **Meals and accompanying beds,**
- **The daily package for Social Security.**

If you do not take care of third-party payment by your mutual, they are to pay at the time of your departure.

If you wish to benefit from a special room, report it at the time of pre-admission. Given the activity of the establishment, it is possible that the pace of exits and emergencies does not allow us to assign you the particular room you would have liked. In this case, we ask you to excuse us.

The services are at your disposal for any information relating to these aspects.

We thank you for your understanding and remain at your disposal for any information.

The direction

LISTE DES PRATICIENS DU MEDIPOLE DE SAVOIE

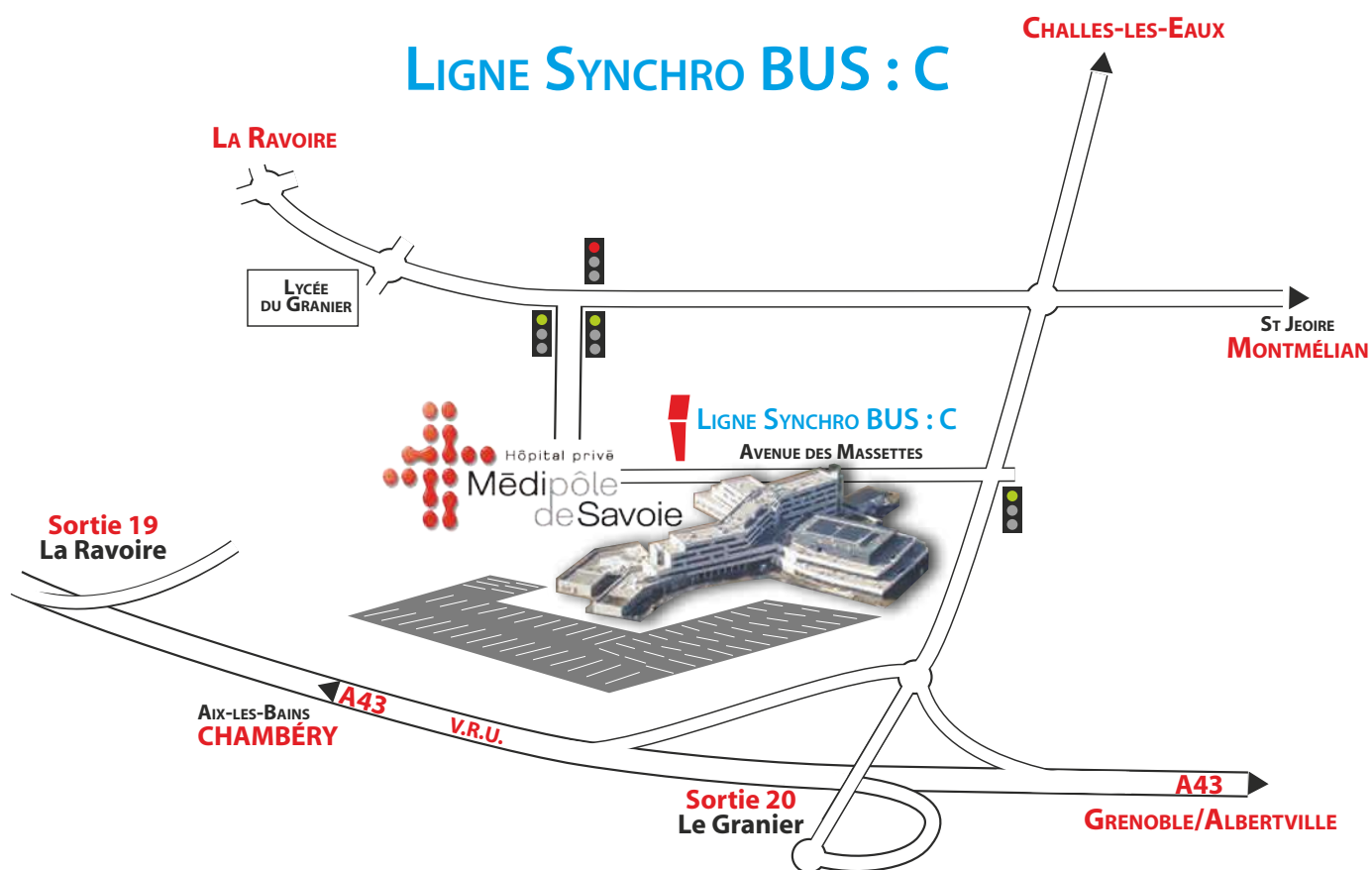
CHIRURGIE

| CHIRURGIE ORTHOPEDIQUE MEMBRE INFERIEUR | |
|--|----------------|
| . Dr BOVIER LAPIERRE Philippe | 04 79 26 81 14 |
| . Dr BRANFAUX Marc | 04 79 26 81 11 |
| . Dr BUISSON Laurent | 04 79 26 81 12 |
| . Dr ESTOUR Gilles | 04 79 26 81 17 |
| . Dr MORIN Vincent | 04 79 26 81 18 |
| . Dr PINAROLI Alban | 04 79 26 81 15 |
| . Dr FAVRE Eric | 04 79 68 95 44 |
| . Dr VERJUX Thierry | 06 62 22 95 55 |
| CHIRURGIE DE LA MAIN ET ORTHOPEDIQUE DU MEMBRE SUPERIEUR | |
| . Dr BENASSAYAG Mickaël | 09 70 71 09 71 |
| . Dr DEBUS Gautier | |
| . Dr MESQUIDA Virginie | |
| . Dr DE MOURGUES Philippe | |
| . Dr PRADEL Philippe | |
| . Dr DE SORAS Xavier | |
| MEDECINS DU SPORT | |
| . Dr DESCOMBE Fabrice / Dr EXARTIER Marlène / Dr REDON Caroline | 09 70 71 09 71 |
| . Dr ROOSE Corentin | 04 79 68 95 44 |
| CHIRURGIE DIGESTIVE | |
| . Dr BOZIO Guillaume | 04 79 26 81 57 |
| . Dr CHOLIN Nicolas | 04 79 26 81 58 |
| . Dr MAYLIN Vincent | 04 79 26 81 56 |
| . Dr RUER Vincent | 04 79 26 81 56 |
| GASTRO-ENTEROLOGIE | |
| . Dr AUROUX Jean / Dr BALAS Maria / Dr CORDIER Laurent / | 04 79 26 81 46 |
| . Dr WAGON Dominique | |
| . Dr CERVEAU Francois / Dr ROQUES Bertrand | 04 79 26 81 36 |
| CHIRURGIE GYNECOLOGIQUE | |
| . Dr BOILEAU Laurent / Dr TARDIF THEULIER Sophie | 04 79 26 80 88 |
| . Dr HEDDE Audrey / Dr NIKOLITCH Georges | 04 79 26 80 89 |
| OPHTALMOLOGIE | |
| . Dr COSOFRET Despina / Dr LAFONTAINE Pierre Olivier / Dr LESOIN Antoine * | 04 79 69 42 98 |
| . Dr MAY Alexander / Dr MUSSON Cécile | |
| . Dr PELLAT Bernard * | 04 79 75 10 02 |
| . Dr CHAPPELET Marc / Dr GAVARD Olivier / Dr LACHARME Tiffany * | 04 79 75 02 75 |
| . Dr ZERDAB Yvan | |
| CHIRURGIE ORL | |
| . Dr CALLOC'H Frédéric * | 04 79 61 57 69 |
| . Dr CHAUVET Edouard | 04 79 26 84 96 |
| . Dr NAVAS Jean-François * | 04 79 33 52 03 |
| . Dr PORRET Cédric * | 04 79 61 57 69 |
| CHIRURGIE MAXILLO FACIAL | |
| . Dr JULIEN SAINT AMAND Marc | 04 79 26 80 96 |
| CHIRURGIE PLASTIQUE et RECONSTRUCTRICE | |
| . Dr DELGOVE Laurent / Dr GROSIDIER Antoine * | 04 79 85 63 96 |
| STOMATOLOGIE | |
| . Dr ALLEGRE Pierre * | 04 79 75 00 06 |
| . Dr BAYET Bernard * | 04 79 96 22 30 |
| . Dr CALVELLI Bruno * | 04 79 62 08 28 |
| . Dr CHENET Patrick * | 04 79 85 37 08 |
| CHIRURGIE UROLOGIQUE | |
| . Dr FRANCOIS Marie / Dr MOIROUD Franck / Dr POISSON Jean François | 04 79 26 81 66 |
| . Dr TARDIEU Arnaud | 04 79 26 81 67 |
| . Dr VERINE Jean-Luc | 04 79 26 81 68 |
| CHIRURGIE VASCULAIRE | |
| . Dr DE LAMBERT Albéric / Dr PENILLON Sébastien / Dr VOIRIN Laurent | 04 79 26 80 46 |

AUTRES SPECIALITES

| ANESTHESIE - REANIMATION | | 04 79 26 81 81 |
|---|------------------------|----------------------|
| . Dr ATOUI Alexandre | . Dr DOUSSON Didier | . Dr RINGOT Emmanuel |
| . Dr CANTAN Renaud | . Dr DURAND Christine | . Dr ROGER Frédéric |
| . Dr CHAFFARD Antoine | . Dr GOURLE Céline | . Dr SAUNIER Laurent |
| . Dr CORBONNOIS Gilles | . Dr JANDARD Céline | . Dr SIMONEAU Sophie |
| . Dr CREPIN Sandrine | . Dr LEFORT Stéphanie | . Dr YILDIZ Cihan |
| . Dr DEBOUIT Jean-Marc | . Dr MONGENOT Frédéric | |
| . Dr DOUPEUX Luc | . Dr POUPARD Marc | |
| ALLERGOLOGIE | | |
| . Dr JACQUIER Jean Pierre * | | 04 79 96 30 07 |
| ANGIOLOGIE | | |
| . Dr BRUNENGO Marc / Dr TOURVIELLE Isabelle | | 04 79 26 80 16 |
| CARDIOLOGIE | | |
| . Dr BELLEMIN Jean-Philippe | | 04 79 26 80 56 |
| . Dr BEL Véronique | | 04 79 26 80 55 |
| . Dr CRESSENS Jean-Pierre / Dr FAVET Pierre | | 04 79 26 80 66 |
| DIABETOLOGIE / ENDOCRINOLOGIE / NUTRITION | | |
| . Dr CORBONNOIS Pauline * | | 04 79 75 78 95 |
| PNEUMOLOGIE | | |
| . Dr LIEUTAUD Jacques * | | 04 79 96 36 26 |
| ONCOLOGIE - HEMATOLOGIE | | |
| . Dr MILLE Dominique / Dr REBISCHUNG Christine (Oncologie) | | 04 79 26 80 61 |
| . Dr ROQUES Bertrand (Oncologie digestive) | | 04 79 26 81 36 |
| . Dr CORM Selim / Dr SENECAI Delphine (Hématologie) | | 04 79 26 80 61 |
| MEDECINE / MEDECINE A ORIENTATION PALLIATIVE | | 04 79 26 80 80 |
| . Dr BRULEY David / Dr SAINT GUILHEM Philippine | | |
| SSR | | 04 79 26 82 04 |
| . Dr BONIN Christelle / Dr PAYRAUD Elodie | | |
| UNITE EPILEPSIE ET SOMMEIL | | |
| . Dr DOUDOUX Hannah / Dr HAMELIN Sophie / Dr SYLVESTRE Manon * | | 04 85 86 00 90 |
| . Dr LIEUTAUD Jacques * | | 04 79 96 36 26 |
| . Dr PORRET Cédric * | | 04 79 61 57 69 |
| . Dr WEICK Diane * | | 04 79 71 45 80 |
| RADIOLOGIE - ECHOGRAPHIE - IRM - SCANNER | | |
| . RADIOLOGIE | | 04 79 26 83 83 |
| . SCANNER | | 04 79 26 83 77 |
| . IRM | | 04 79 26 83 81 |
| LABORATOIRE D'ANALYSES MEDICALES | | 04 79 26 84 84 |
| LABORATOIRE D'ANATOMO PATHOLOGIE | | |
| . CHAMBERY | | 04 79 68 69 50 |
| . PRINCY | | 04 50 45 05 91 |
| URGENCES | | |
| . Dr ALVAREZ Antonio / Dr DUMOULIN Bertrand / Dr FEUILLAT Alain / | | |
| . Dr JONQUIERT-LATARJET Aude / Dr LARBI Boubaker / Dr MEFAREY Antoine / | | |
| . Dr MELLOTT Pierre-Benoit / Dr PANTALEO Valérie | | |

*Ces médecins ont leur cabinet de consultations à l'extérieur du Médipôle



Coordonnées GPS de Médipôle : **05° 58' 13" - 45° 32' 41" N**

Médipôle de Savoie
 300 Avenue des Massettes
 73190 CHALLES-LES-EAUX