



DAD Consulting Berlin

TELEMEDICINE

THERAPY ✚ CONSULTATION ✚ DIAGNOSTICS

We optimise patient care.

CONTACT FORM

Company/Hospital	
Country	
Address	
Contact person	name: _____ telephone: _____ e-mail: _____ fax: _____
I'm intrested in	<input type="checkbox"/> Expert Telemedicine support <input type="checkbox"/> Training of Staff <input type="checkbox"/> Bothe of your offers
Numbers of beds in Hospital	ventilator name: _____
Numbers of Beds ICU	device name: _____
Number of ventilation Places ICU	<input type="checkbox"/> ECMO <input type="checkbox"/> ILA <input type="checkbox"/> ECCO2R <input type="checkbox"/> IMPELLA <input type="checkbox"/> IABP
Dialysis/CVVHDF ICU	
Extracorporreal circuit	
Numbers of Operating rooms	

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