



Joint Medical Group
Defence Primary Healthcare (DPHC)
Dental Centre SHAPE
Supreme Headquarters Allied Powers Europe
British Forces Post Office 26
Military Network: 9205 423 5878
Civilian Line: +32 06544 5878

Protocol – SHAPE Referral's UZ Leuven Sint-Rafael– Patient Instructions

If you have been referred to UZ Leuven hospital for secondary care, please follow the below process.

- Once you receive confirmation of your appointment the hospital will also give you the parking code so you don't have to pay for the car park. Ensure you take all documents to your appointment or face being turned away.
- On arrival at Sint-Rafael there is a car park 1 street away from the Hospital called: Sint-Jacobsplein.
- Enter through the main entrance, and report to the reception desk before accessing Dental.
- Provide SHAPE identification and the fracture paperwork (**Annex A**) for them to send all Dental Bills back to the UK Dental address.
- Dental clinic can be found at Level 2 entering the lifts opposite the registration desks.
- The first appointment will be a consultation only. Mention them of **mynexuzhealth app** and **the code** which makes easy access to invoices, reports, images and other important images. Any information are to be shared with the dental centre - UKStratCom-DMS-DPHC-MON-DenGrp@mod.gov.uk so we can update your records.
- Ensure you have a driver in place for pick you up if needed, following your treatment appointment.
- Pre-care instruction will be given to you from DC SHAPE before your appointment. Please follow this post treatment and take along with you.
- Once the treatment is complete follow up care will be provided at Dental Centre SHAPE – **UZ Leuven is to be used for the consultation and the referred procedure only**



Main Entrance



Reception



Street View

Address and directions

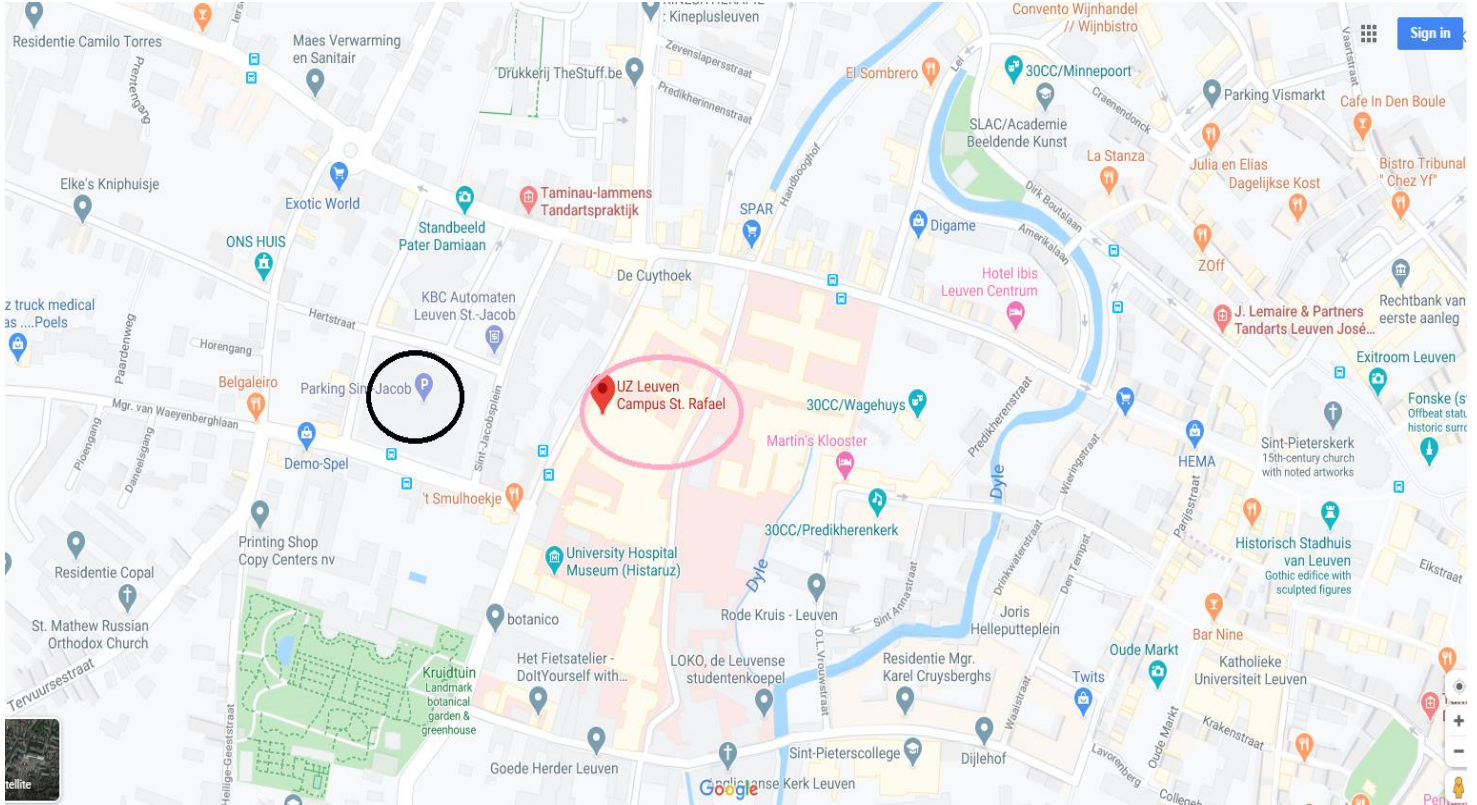
UZ Leuven Campus St. Rafael, Kapucijnenvoer 35, 3000 Leuven

Parking

Sint-Jacobsplein, 3000 Leuven

Contact

(+32) 16 33 24 55





S.H.A.P.E. BILLING INFO / INFO FACTURATIE



Identificatie patient / Patient information

Naam/Family name	
Voornaam/First name	
Geboortedatum/DOB	
Geslacht/Sex	
Verwezen door/Referred by	Dr.
Telefoon/Tel n°	065 44 58 78
Nationaliteit/nationality	Brits

Afspraak of opname op / Appointment or admission on :

Ziekenhuis/Hospital	
Dienst/Ward	
Genessheer /Doctor's name	
Dag-uur/Day-Time	

☐ **GELIEVE DE RESULTATEN TE ZENDEN NAAR DE
AANVRAGENDE GENEESHEER.
PLEASE SEND A MEDICAL REPORT TO THE SHAPE PHYSICIAN**

SHAPE HEALTHCARE FACILITY
UK Dental Centre
A l'attention du Dr.
Avenue d'Oslo, Building 401
7010 SHAPE

FACTURATIE:

☐ **GELIEVE DE FACTUUR TE STUREN NAAR:
PLEASE SEND THE BILL TO:**

SHAPE HEALTHCARE FACILITY
UK Dental Centre
A l'attention du Dr.
Avenue d'Oslo, Building 401
7010 SHAPE

