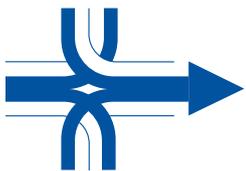




**GUIDANCE EVERY STEP OF THE WAY**



**saniRad®**



**saniRad**

STRUTTURA SANITARIA PRIVATA ACCREDITATA



*SaniRad has always placed the needs of the individual at the centre of its organisation with the aim of offering the most appropriate qualitative response.*

*The Charter of Services presents the company to the patient by introducing the principles of its organisation, its range of services, the ways to access them and its medical, technical and nursing staff.*

*SaniRad staff is available for any information or need not described in this guide.*

*SaniRad is a medium-complexity private facility operating in the field of diagnostic imaging since 1994.*

*Since 2006 saniRad has also been providing a variety of consultant outpatient services. SaniRad is currently accredited by the SSN (Servizio Sanitario Nazionale, National Health Service) for diagnostic imaging, level 1 and 2 sports medicine, dermatology and endocrinology.*

Since 2003 saniRad has been using a quality management system for diagnostic imaging services in accordance with ISO 9001.

## SERVING THE INDIVIDUAL

SaniRad's quality policy presents the Management's orientation to the continuous improvement of the provided services.

SaniRad's Mission follows the **PATIENT-CENTRED CARE** model:

- optimising waiting times for access to services
- by developing a culture of high-level reception
- by promoting the relational skills of all staff aimed at listening and availability
- by directing activities to the maximum containment of waiting times
- by enhancing the efficiency and effectiveness of the services provided
- ensuring compliance with legal requirements to guarantee and protect health and privacy

The cornerstones on which **saniRad's** activities are based can be summarized here:

- Flexibility and plurality of services offered with a view to maximum completeness of diagnostic and therapeutic paths within the scope of the activity provided.
- Continuous planning of new quality objectives in service delivery.
- Acquisition of health professionals through careful evaluation of acquired skills and continuous monitoring of requirements and timely and targeted professional development.
- Definition of dedicated training paths for administrative and technical staff.
- Rooted presence in the territory and constant point of reference for the patient, fostering the development of collaborations with associations and productive realities, local authorities and all actors operating in the health sector projecting itself to the support and dissemination of the culture of prevention.
- Containment of freelance rates by also ensuring services at subsidized rates always respecting the quality standards of the service.



With this in mind, **saniRad** has set the following goals:

- High level of quality of service assured by an established staff of physicians representing almost all medical branches, technical health personnel and nurses of proven experience and expertise.
- Continuous improvement of business processes through careful monitoring of the requirements and performance of all parties involved in the provision of services in strict compliance with the provisions defined in the Charter of Services.
- Sustainability of the structure through an appropriate cost/benefit balance;
- Continuous technological and infrastructural upgrading through targeted investment plans in a medium to long-term perspective.
- Constant surveillance of equipment through maintenance activities carried out by qualified technicians and quality and safety controls that comply with current regulations.
- Constant maximum attention to the quality of services provided through continuous monitoring of the users level of satisfaction.
- Development of continuous training and updating activities for staff.
- Development of partnerships with suppliers that ensure a high level of quality of products and services offered.
- Timely management of communication regarding the services provided, which must be clear, correct and transparent first and foremost to the patient.
- Involvement of all staff through the sharing of objectives to be achieved and of the results achieved, in order for all staff to become aware of their role within the the facility and make them understand the role of the facility within the context in which it operates.

*According to the directive by the Council of Ministers dated 27 January 1994, all public health service providers must adopt and guarantee standards of service quality and quantity through a Charter of Services that aims essentially at protecting the citizens' rights by enabling them to control the quality of the services provided.*

## BASIC PRINCIPLES



### EQUALITY AND IMPARTIALITY

Services and performances are provided in accordance with the principle of equality enshrined in Article 3 of the Italian Constitution.

**SaniRad** promotes behaviour that safeguards personal freedom and equality in order to guarantee equal treatment regardless of political, trade union and religious opinions, racial and ethnic origins, nationality, age, gender, sexual orientation and health conditions.



### RESPECT

Each user shall be assisted and treated with care, courtesy and attention, respecting the person and his or her dignity.



### ATTENTION AND HELPFULNESS

All **saniRad** staff will do their utmost to meet any requests for information and explanation. In particular, the patient has the right to receive and understand all information concerning his or her health, including through direct contact with the consultants available at the facility.



### **RIGHT TO CHOOSE**

In accordance with current regulations, the user has the right to choose between the various facilities providing the service.



### **PARTICIPATION**

Users have the right to submit complaints, claims, observations and suggestions to improve the service.



### **CONTINUITY**

The provision of services is guaranteed to be continuous and uninterrupted. Should it be necessary, for unavoidable reasons, to temporarily suspend certain services, appropriate measures are taken to ease any inconvenience.



### **EFFECTIVENESS AND EFFICIENCY**

Services and performances are provided through an optimal use of resources, according to the most up-to-date quality standards and adopting all appropriate measures to meet the user's needs in a timely manner.

# Quality standards and relevant regulations

SaniRad implements a quality policy in accordance with ISO 9001 by drawing up every three years a constant improvement programme which is adopted and implemented while monitoring its results over time.

The company guarantees and respects:

**THE STRUCTURAL, TECHNOLOGICAL AND ORGANISATIONAL REQUIREMENTS ESTABLISHED BY FRIULI VENEZIA GIULIA REGION FOR THE AUTHORISATION OF PRIVATE HEALTHCARE STRUCTURES**

**THE ORGANISATIONAL AND QUALITY REQUIREMENTS ESTABLISHED BY FRIULI VENEZIA GIULIA REGION THROUGH ITS INSTITUTIONAL ACCREDITATION PROGRAMME FOR ACTIVITIES OF DIAGNOSTIC IMAGING, SPORTS MEDICINE, DERMATOLOGY AND ENDOCRINOLOGY**

**THE SPECIFIC REGULATIONS GOVERNING THE ACTIVITY PROVIDED**

**THE REFERENCE GUIDELINES FOR EACH CONSULTANT ACTIVITY PROVIDED, IN PARTICULAR:**

- SIRM (Italian Society of Medical Radiology and Diagnostic Imaging)
- ACR (American College of Radiology)
- COCIS (Cardiological Organizational Committee for Sports Eligibility) for sports medicine
- SIDeMaST (Italian Society of Medical, Surgical, Aesthetic, Dermatology and Sexually Transmitted Diseases)
- SIE (Italian Endocrinology Society)
- AME (Italian Association of Clinical Endocrinologist)
- SID (Italian Association of Diabetology Society)
- AMD (Association of Diabetologists)



## Users rights and duties



### USERS HAVE THE RIGHT TO:

- > be welcomed and treated respectfully and kindly
- > have their privacy protected
- > obtain information from saniRad about the services provided, their cost, timeframe and method of accessing them
- > obtain information about the competence of physicians and staff
- > express their opinion on the services received by using the satisfaction systems or the complaint form available at the head office and on the company website



### USERS HAVE A DUTY TO:

- > adopt a responsible behaviour and be willing to cooperate with saniRad staff
- > refrain from smoking and turn off mobile telephones inside the facility
- > express at the time of booking their will to avail themselves of services recognised by the National Health Service (if possible)
- > inform the staff at the time of booking if they are members of any companies, institutions, societies, insurance companies or pension funds having an agreement with saniRad
- > cancel reservations that cannot be kept at least 24 hours in advance
- > keep to the appointment time
- > pay the amount due

# User Satisfaction and handling of feedback and complaints

Feedback and complaints by the users contribute to the improvement of the services provided. They allow to understand how users perceive service quality, to identify any critical issues in the system and to activate the necessary courses for quality improvement and adjustment.

A captivating computerised satisfaction survey system is available to users in the facility waiting rooms. Specific forms for satisfaction survey and submission of complaints are also available at the head office and on the company website.

Feedback or complaints about any inefficiencies that arise before, during or after the service is provided may be sent via e-mail at [urp@sanirad.it](mailto:urp@sanirad.it)  
URP (standing for “Ufficio Relazioni con il Pubblico “ - Public Relation Office) is committed to provide an adequate response within 30 days of report date, as dictated by law.

Feedback data is periodically collected, processed and discussed by the management together with the staff working at the facility.



## Communication with patients and information dissemination

Maintaining communication and dialogue improves the relationship with the users and increases awareness of the services provided.

SaniRad periodically promotes training for administrative staff in order to improve their communication skills.

The Management choose The Charter of Services, the company website and its Facebook and Instagram pages as some of the tools by which explaining the services provided.

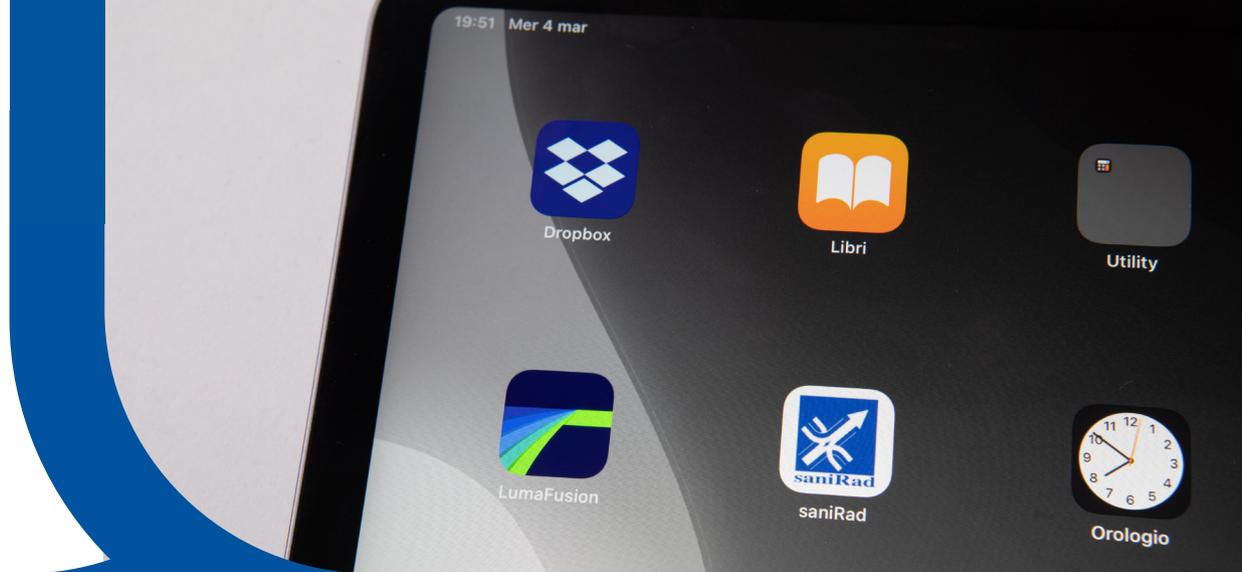
Prevention Days are periodically organised and highlighted at the facility by means of special posters and illustrative brochures, and are promoted through social networks.

Some staff members are fluent in English, French, German and Spanish. All the reception staff also understand and speak Friulian correctly, thus facilitating communication with elderly people especially, and respecting their cultural background.





# ACCESS TO SERVICES



## Opening hours

**MONDAY TO FRIDAY FROM 8.30AM TO 7.30PM**  
**SATURDAY FROM 8.30AM TO 4PM**

After hours or Sunday services can be arranged upon request. An additional fee may be required.

The front desk, located in the entrance lobby on the ground floor, deals with:

- > Customer reception
- > Performance registration
- > Reservations and appointments
- > Delivering reports

## Telephone availability on closing days

On closing days the company can be contacted for urgent bookings through a dedicated line on 3398469079. Services can also be arranged during closing hours at the additional costs of the extraordinary opening of the facility with the professionals required to carry out the performance.

## Bookings

Services are usually provided by appointment, except for particularly urgent cases. Appointments can be made:

> **BY TELEPHONE (0432\_854123 0432\_851321)**

> For services recognised by the National Health Service, reservations can also be made by calling 0434\_223522 (CENTRALISED CALL CENTER FOR HEALTH AND SOCIAL SERVICES)

> AT THE RECEPTION DESK

> **THROUGH THE WEBSITE [www.sanirad.it](http://www.sanirad.it), section “prenota on-line”**

> Through the “**SANIRAD PRENOTA FACILE**” application, available on Apple Store and Google Play

## Reminder service

Entirely free of charge, this service reminds the patient in writing when any scheduled check-ups are due, whether these are diagnostic tests or consultant examinations.

The service does not imply any obligation by the patient to make an appointment at [saniRad](#); it is an information service and the patient is free to schedule the examination at any other facility.



## Support service to frail patients

### Definition of frail patients

Frail patients are people who, due to a precarious, often temporary, situation find themselves in a condition of increased vulnerability, e.g. the disabled, severely motor-disabled, severely neuropsychically-disabled, elderly, as well as children up to 12 years of age and pregnant women.

**SaniRad** believes in the importance to identify, as early as at the time of booking, the presence of any “frail” patients in order to make their diagnostic pathway within the facility as easy as possible by planning their access, registration, service provision and discharge. All staff work to meet the needs of “frail” patients in the shortest possible time in a comfortable way (depending on internal organisation).

## Services provided to minors

Please note that for all medical services provided to minors the presence of the custodial parent (custody may or may not be shared) or legal guardian is required.

In the event that the parent/guardian is unable to attend the examination, it is necessary to contact the facility in advance in order to receive the necessary forms, which must be duly completed and attached to a formal proxy for the accompanying person.

### **PLEASE NOTE THAT SANIRAD IS NOT EQUIPPED TO HANDLE PATIENTS ON STRETCHERS**

as there are no lifting devices or nursing staff available during all opening hours.

### **PATIENTS ARE INVITED TO DECLARE AT THE TIME OF BOOKING ANY SITUATIONS REQUIRING SPECIAL TREATMENT.**

On arrival at the facility you can call the emergency number 3398469079.

A receptionist will promptly welcome the patient and his or her companions and provide the necessary aids such as wheelchairs or walking frames.



# Methods of accessing services

## Rates and fees

All services are provided on a freelance basis.

SaniRad provides some services at a **REDUCED RATE** as compared to the current list (both for consultant examinations and diagnostic imaging services), reserving dedicated time slots to such services in order to favour different target groups.

**SOME DIAGNOSTIC IMAGING, SPORTS MEDICINE, DERMATOLOGY AND ENDOCRINOLOGY SERVICES ARE ALSO PROVIDED IN AGREEMENT WITH THE NATIONAL HEALTH SYSTEM.**

Existing agreements with insurance companies, social security institutions, banks and associations are listed in the dedicated section of this brochure.

The reception staff can provide information on the methods of accessing all services and explain the relevant rates.



## WAITING TIME

The average waiting time for services provided at a fee is normally: for traditional radiology 5 days; for ultrasound scans 7 days; for MRI and CT scans with and/or without contrast, medium 7 days; for consultant examinations, medium 7/14 days.

Examinations involving contrast medium perfusion are scheduled in dedicated sessions in the presence of an anaesthesiologist.

The average waiting time for services recognised by the National Health Service (with referral from a GP) depends on the availability of the budget allocated to the facility.

Services are provided according to the timetable envisaged by the assigned clinical priority class.

The waiting times for services provided at a fee or with a referral are available in detail on the website [www.sanirad.it](http://www.sanirad.it) where they are periodically updated.

The detailed list is also available at the head office in the waiting room next to the reception desk.

Lab tests are only provided at a fee and by appointment, usually within two days.

Home sample collection can be arranged and sheduled.

Occasionally the time of the appointment may not be perfectly respected due to priority of urgent examinations, patient habitus and unpredictability of duration for certain examinations. In such cases, however, [saniRad](http://www.sanirad.it) makes every effort to reduce the waiting time as far as possible.



## Preparation and prophylaxis

Some diagnostic services may require specific preparation and/or prophylaxis (see examinations with contrast medium).

Precise instructions will be provided at the time of booking.

[SaniRad](#) recommends mammography between the eighth and twelfth day after the start of the menstrual cycle if present.

## Payment

Payments, normally made at registration, can be made by cash, credit/debit card or cheque.



## To be noted

- 1 RADIOLOGICAL EXAMINATIONS WILL NOT BE PERFORMED ON WOMEN IN CASE OF KNOWN OR SUSPECTED PREGNANCY**, unless the radiologist assesses otherwise on a case-by-case basis
- Exposure to unjustified ionising radiation is not allowed. **A DOCTORS'S REFERRAL IS THEREFORE MANDATORY FOR THE PERFORMANCE OF RADIOLOGICAL EXAMINATIONS**
- It is necessary to **SUBMIT ALL PREVIOUS MEDICAL DOCUMENTATION** related to the pathology under investigation
- PERFORMANCES PROVIDED ON REFERRAL FROM THE NATIONAL HEALTH SERVICE CAN BE BOOKED WITHIN THE PROVISIONS OF THE RELEVANT HEALTH AUTHORITY** in terms of volume and type and in compliance with clinical priority (where applicable).
- NO BLOOD SAMPLES ARE TAKEN FROM NEWBORNS**
- NO SERVICES ARE PROVIDED TO PATIENTS CONSIDERED TO BE AT HIGH RISK** (i.e. patients who, because of their clinical condition or medical history, present a significant risk of unwanted effects or complications as a result of the medical act requested)
- SANIRAD IS NOT EQUIPPED FOR THE HANDLING OF PATIENTS ON STRETCHERS** as there are no lifting devices and nursing staff available during all opening hours
- NO REPORTS SHALL BE HANDED OVER UNLESS TO THE DIRECT PARTIES CONCERNED**, who may, however, delegate a trusted person by using the form available at the reception desk or on the company website
- CANCELLATION OF RESERVATIONS** must be communicated at least 24 hours before the service scheduled time. Otherwise the facility reserves the right to charge the cost of the service.



# Collecting Reports

## Methods and timing for collection

Reports and images for conventional radiology examinations are normally delivered within **90 minutes of the end of the examination**.

Reports of MRI and CT scans and of all diagnostic examinations performed with contrast medium are available for collection within 5 days of the examination (except for cases of proven urgency).

For ultrasound scans and consultant examinations, the report is delivered immediately (except for sports medicine, which follows a different procedure).

**Lab tests** results availability may vary, depending on the processing time of the requested analysis. Expected delivery time is communicated at the time of the appointment.

Reports can be collected directly from the reception desk. Patients may also request home delivery by postal service.

SaniRad recommends opting for the online service as it is faster and safer. Through the website, it will also be possible to download the iconography related to the service performed and share the results with the referring specialist.



## Online reports

You can request access credentials to the online report portal on the company website [www.sanirad.it](http://www.sanirad.it). A handy alert service will notify you by email or SMS when the report is available.

Go to [www.sanirad.it](http://www.sanirad.it) and click on “referti online”.

Enter your tax code and the single-use code received at registration and you will be able to download X-ray, CT and MRI scans reports, sports medicine certificates and lab tests results.

### RECOMMENDED TIMES FOR COLLECTION

The reception/delivery desk is open

Monday to Friday from 8.30am to 7.30pm  
and Saturday from 8.30am to 4.00pm

However, the recommended times for collection  
(to avoid forming queues) are as follows:

**MONDAY TO FRIDAY 12.30PM-2.30PM 6.00PM-7.00PM**  
**SATURDAY 12.30PM-3.30PM**



## Request for copies

The following copies can be requested:

- > reports of diagnostic service, consultant examinations or lab tests results
- > certificates of sporting eligibility
- > medical records relating to sports eligibility examination
- > images of diagnostic imaging services
- > invoice

The applicant must fill in the appropriate form and submit it to the secretary office together with an identity document.

The application must be authorised by the Health Management and the requested document will normally be provided within seven working days.

This service comes at a fee and is subject to VAT.

The costs charged are due to administrative costs of extraction.

The definition of “copy” is “All reports/certificates after the first one already delivered”.



## Accepted institutions

### **AGREEMENTS ARE IN PLACE WITH INSURANCE COMPANIES, SOCIAL SECURITY INSTITUTIONS, BANKS AND ASSOCIATIONS**

SaniRad has agreements with most of the insurance companies.

We recommend that you contact the secretary office to check if an agreement is in place or the procedure for accessing the service, as the list below may not be updated.

**ALLIANZ HEALTH**

**AON**

**AREA MEDICAL 24**

**ASSIRETE - DAY MEDICAL**

**AXA**

**BLUE ASSISTANCE**

**COOPERAZIONE SALUTE**

**COOPSALUTE**

**CREDIMA - SOCIETA' DI MUTUO SOCCORSO**

**F.A.S.D.A.C.**

**FASI / FASI OPEN / FASI ASSIDAI**

**FONDO EST**

**FONDO FASA**

**FONDO SALUTE - MUTUA CESARE POZZO**

**FONDO SAN.ARTI.**

**GENERALI GGL**

**GENERALI WELION**

**HAPPILY WELFARE**

**HEALTH ASSISTANCE / MBA**

**INSIEME SALUTE**

**ITALIANA ASSICURAZIONI**

**MAWDY SERVICES**

**METASALUTE**

**MYASSISTANCE**

**MYRETE**

**OBIETTIVO BENESSERE**

**POSTE WELFARE SERVIZI**

**PREVIMEDICAL**

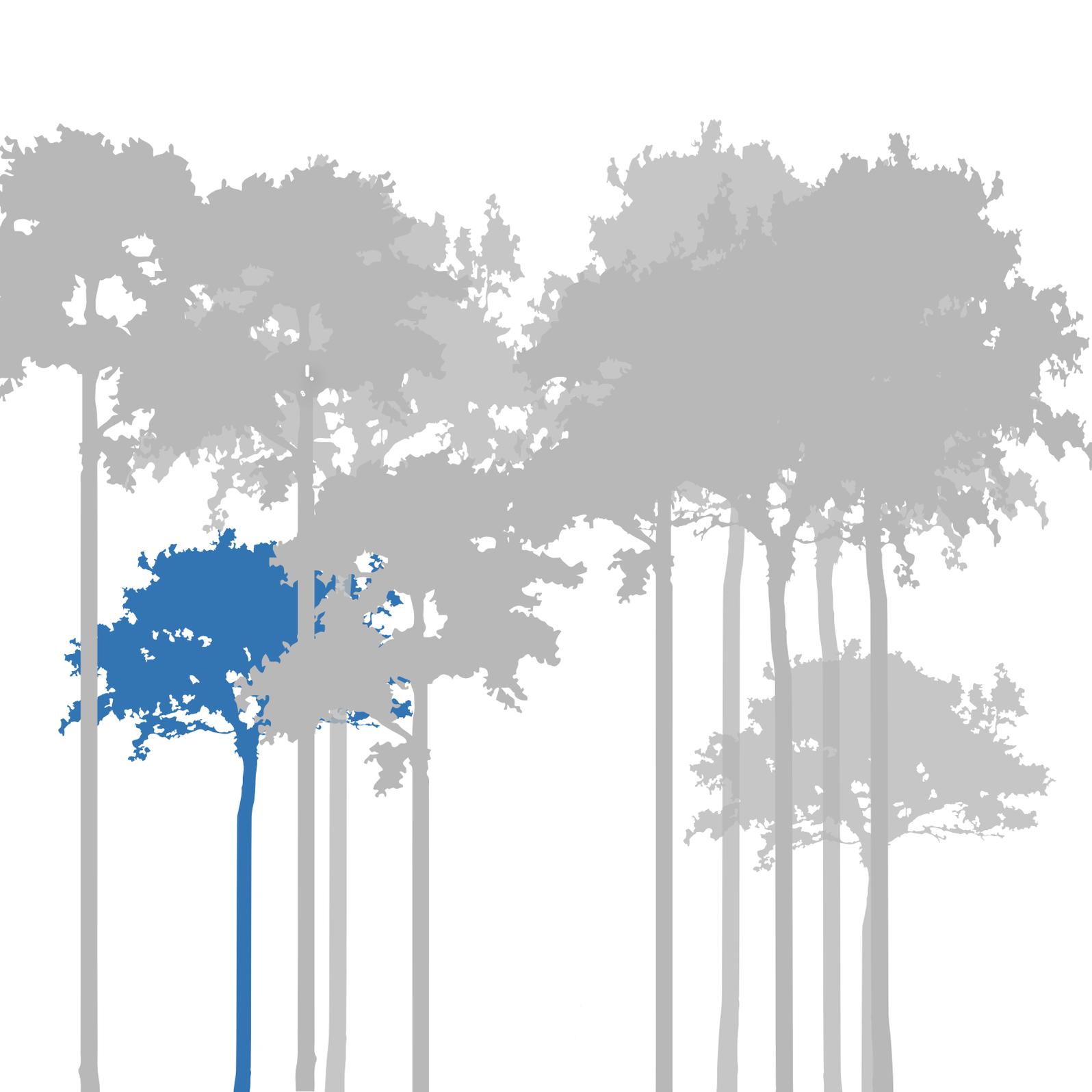
**RBM SALUTE**

**SALUTE SEMPLICE**

**SI SALUTE**

**TICKET WELFARE EDENRED**

**UNISALUTE**





## SERVICES PROVIDED



# DIAGNOSTIC IMAGING

## RADIOLOGY

Mammography  
Bone Mineral Density (BMD), dexta (lumbar spine, femur)  
Skull X-ray  
Chest X-ray  
Abdomen X-ray  
Spine X-ray  
Skeletal areas X-ray  
Orthopantomography  
Skull teloradiography  
Temporomandibular joint stratigraphy X-ray  
Temporomandibular joint transcranial X-ray

## MAGNETIC RESONANCE\*

MRI scan of the brain  
MR angiography of intracranial circulation  
MRI scan of facial bones  
MRI scan of the temporomandibular joint  
MRI scan of the neck  
MRI scan of the rachis  
MRI scan of the joints  
Mammary MRI scan  
MRI scan of upper abdomen  
MR cholangiopancreatography  
MRI scan of lower abdomen  
MRI scan of the pelvis  
MRI scan of the prostate

## ULTRASOUND SCANS

Ultrasound scan of upper and lower abdomen  
Ultrasound scan of the thyroid gland  
Ultrasound scan of the breast  
Ultrasound scan of lymph node stations  
Ultrasound scan of small parts and superficial tissues  
Ultrasound scan of muscles and tendons  
Scrotal ultrasound scan  
Penial ultrasound scan  
Transrectal prostate ultrasound scan  
Transvaginal pelvic ultrasound scan  
Colour Doppler of supra-aortic vessels  
Colour Doppler of lower and upper limbs  
Doppler echocardiography

## CT SCANS \*

CT scan of the brain  
CT scan of facial bones  
CT scan of middle and inner ear, petrous bones and mastoids  
CT scan of the neck  
CT scan of the chest  
CT scan of the abdomen  
CT scan of the rachis  
CT scan of the joints

*\* carried out with or without contrast medium*

# CONSULTANT EXAMINATIONS

## DIET AND NUTRITION

Customised diets

## CARDIOLOGY

Cardiological examination

ECG

Echocardiography (\*with contrast)

Holter dynamic ECG monitoring

24-hour BP monitoring

Maximal stress test

Cardiopulmonary Exercise Test

## GENERAL SURGERY

General surgery examination

## PULMONARY SURGERY

Pulmonary surgery examination

Pulmonologic examination

Polysomnography

## PLASTIC SURGERY

Plastic surgery examination

## VASCULAR SURGERY

Vascular surgery examination

Colour Doppler of lower limbs, upper limbs  
and supra-aortic vessels

## DERMATOLOGY

Dermatological examination

Mole mapping with full body scan

Cryotherapy

## DIABETOLOGY

Diabetes check-up

## GENERAL HEMATOLOGY

Hematologic examination

## ENDOCRINOLOGY

Endocrinological examination

## PHYSIATRY

Physiatric examination

## GASTROENTEROLOG

Gastroenterology examination

## GERIATRY

Geriatric examination

## GYNAECOLOGY

Gynaecological examination

Pap test

HPV Test

Vaginal Test

Transvaginal pelvic ultrasound scan

## HYGIENE AND PREVENTIVE MEDICINE

Visit for Lyme disease and coinfections

## LEVEL 1 AND 2 SPORTS MEDICINE

Examination for competitive sports eligibility

Examination for non-competitive sports eligibility

Sports traumatology examination

## INTERNAL MEDICINE

Internist examination

## NEPHROLOGY

Renal examination

## NEUROSURGERY

Neurosurgical examination

## NEUROLOGY

Neurological examination

Electromyography – Electroneurography

## **OPHTHALMOLOGY**

Comprehensive eye exam with refraction test  
(also for children)  
OCT Optical computed tomography  
Visual field test  
Corneal pachymetry test  
Fundus photography  
Schirmer test

## **ORTHOPAEDICS**

Orthopaedic examination

## **OZONE THERAPY**

## **Lab TESTS**

*\*samples are sent for analysis to external laboratories*

Blood tests  
Biological samples tests  
Allergy screening test (ALEX TEST)  
Generic test for thrombophilia/15 mutations  
Specific tests for the diagnosis of Lyme disease and co-infections

## **DRIVING LICENSE RENEWAL**

## **SENOLOGY**

Breast examination

## **SPORTS TRAUMATOLOGY**

Trauma screenings

## **UROLOGY**

Urological examination  
Andrological examination

## **Equipment**

**The equipment proper functioning is ensured through multiple activities:**

- > routine and extraordinary maintenance carried out by the manufacturers or by qualified technicians**
- > periodic quality checks as required by current regulations**
- > safety checks as required by mandatory standards and technical regulations**
- > equipment internal monitoring**



## Our consultants

### MEDICAL DIRECTOR

Dr. Gian Paolo Degano  
*diagnostic radiology consultant*



### Radiology telerreferral service

*Quality and continuity of services are a priority at saniRad, which is why the company has been working for over a decade with leading teleradiology providers throughout the country.*

*Remote reporting of diagnostic examinations such as MRI and CT scans guarantees, on the one hand, continuity of service in all circumstances and, on the other hand, the possibility of relying on a pool of qualified and experienced professionals identified according to the pathology being treated.*

*The telerreferral of mammographic examinations is performed by radiologists who are experts in senology and who, in accordance with European guidelines, guarantee a reading of at least 5.000 mammographic screening examinations every year.*

### DIAGNOSTIC IMAGING

*physician in charge*

Dr. Gian Paolo Degano

Dr. Giovanni Braccini

Dr. Elisa Cimino

Dr. Myriam Panozzo

Dr. Pasquale Rositani

Dr. Iradj Shariat Razavi

Dr. Veronica Ulcigrai

### Anaesthesiology

Dr. Anna Lisa Facin

Dr. Fabio Majer

### Medical Radiology Technicians

Alessandro Burello

Matteo Cavallini

Sara Cavallini

Tomas Cavazza

Mirko Da Vià

Davide Gaeta

Efrem Lirusso

Marco Rocchi

Antonio Shehata

Marco Tasson

Sonia Angelica Valenzuela

Monica Zuri

## **Diet and Nutrition**

*physician in charge*  
Dr. Valentina Fagotto

Dr. Pasquangela Lippolis

## **Cardiology**

*physician in charge*  
Dr. Diego Vanuzzo

Dr. Vincenzo Adragna  
Dr. Luisa Bullian  
Dr. Daniela Miani  
Dr. Lucio Mos

## **General Surgery**

*physician in charge*  
Dr. Italo Rasciale

Dr. Pietro De Antoni  
Dr. Valter Zucchiatti

## **Plastic Surgery**

Dr. Valter Zucchiatti

## **Pulmonary Surgery**

Dr. Angelo Morelli

## **Vascular Surgery**

*physician in charge*  
Dr. Daniele Pontello

Dr. Blerta Elezi

## **Dermatology**

*physician in charge*  
Dr. Francesca De Agostini

Dr. Luisa Croattino  
Dr. Matteo Figini

## **Diabetology**

*physician in charge*  
Dr. Claudio Taboga

Dr. Floriana Ciccì

## **Hematology**

Prof. Maurizio Ruscio

## **Endocrinology**

*physician in charge*  
Dr. Claudio Taboga

Dr. Floriana Ciccì

## **Physiatry**

*physician in charge*  
Dr. Guido Cavatore

Dr. Riccardo Zero

## **Gastroenterology**

Dr. Valter Zucchiatti

## **Geriatrics**

Dr. Valentina Fagotto

## **Gynaecology**

*physician in charge*  
Dr. Guido Borgna

Dr. Daniele Bassini  
Dr. Francesca Magrini  
Dr. Marco Pittino

## Hygiene and Preventive Medicine

Prof. Maurizio Ruscio

## Sports Medicine

*physician in charge*

Dr. Riccardo Zero

Dr. Cristina Degano

Dr. Rudy Fregolent

Dr. Enrico Salis

Dr. Diego Vanuzzo

## General Physician

Dr. Olvino Morgante

## Internal Medicine

*physician in charge*

Dr. Daniele Bianchi

Dr. Valentina Fagotto

## Nefrology

Dr. Domenico Montanaro

## Neurosurgery

Dr. Simone Peressutti

## Neurology

*physician in charge*

Dr. Ermanno Del Zotto

Prof. Gian Luigi Gigli

Dr. Roberto Berardino Toscano

## Ophtalmology

*physician in charge*

Dr. Giulio Torlai

Dr. Erica Maurutto

## Orthopaedics

*physician in charge*

Dr. Fortunato Munaò

Prof. Francesco Biggi

Dr. Rosa Boz

Dr. Guido Cavatore

Dr. Enrico Gervasi

## Ozone Therapy

*physician in charge*

Dr. Gian Paolo Degano

Dr. Enrico Salis

Dr. Riccardo Zero

Dr. Daniele Pontello

## Driving license renewal

Dr. Alberto Martinez

## Senology

Dr. Italo Rasciale

## Sports Traumatology

Dr. Riccardo Zero

## Urology and Andrology

*physician in charge*

Dr. Italo Rasciale

Dr. Pietro De Antoni

## Professional Nurses

Nadia Akkad

Francesca Nicoloso

Margherita Picco

Elena Quagliaro

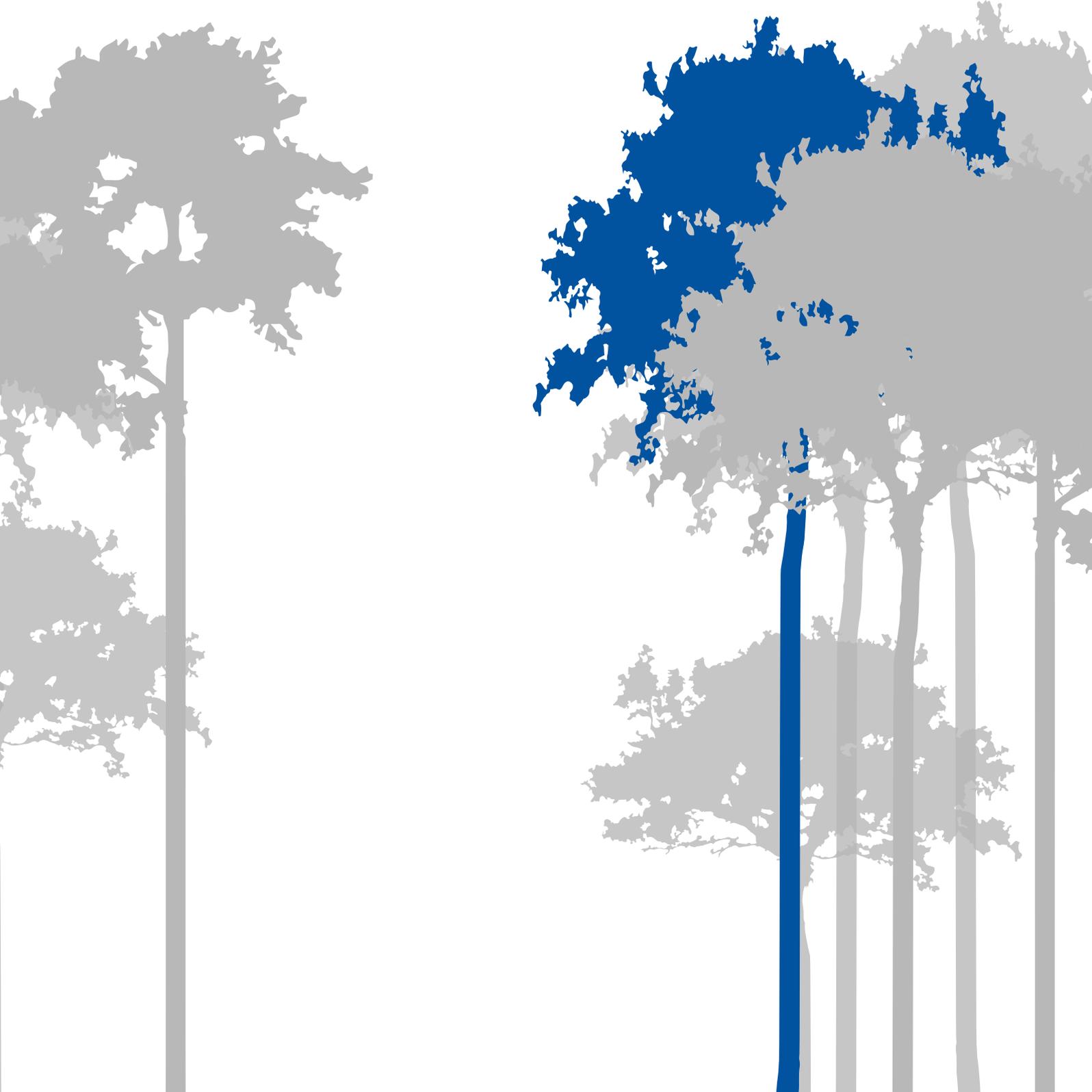
Lucia Saltarini

Emiliana Plos

Giulia Troiani

Ilenia Turco

*An up-to-date list of medical staff  
and consultant branches is available  
on the website [www.sanirad.it](http://www.sanirad.it)*





# DIAGNOSIS, PREVENTION AND TREATMENT



# SPORTS MEDICINE

*SaniRad carries out consultant examinations in level 1 and 2 sports medicine, in particular:*

*Examination for competitive sports eligibility*

*Examination for non-competitive sports eligibility*

*Consultant examination for sports traumatology*

The clinic is open from Monday to Saturday. Services are usually provided by appointment, which can be made by telephone (0432-854123 or 0432-851321), directly at the reception desk or through the company website. At the time of booking the reception staff will provide the cost of the services requested and the time required for reports delivery.

## AT THE TIME OF THE MEDICAL EXAMINATION THE ATHLETE SHALL:

- > fill in the appropriate forms provided at the time of booking or directly at registration
- > submit any previous medical reports, particularly cardiological ones
- > present themselves in a clean and tidy condition
- > refrain from smoking, drinking alcohol or eating abundant food before the examination.

## COMPETITIVE ATHLETES SHALL:

- > show a valid identity document
- > bring a sample of urine collected in the morning on an empty stomach
- > show their vaccination card to prove that they have been inoculated against tetanus (Law 292 dated 5 March 1963)
- > wear suitable clothing for stress test (sportswear, trainers, towel)
- > if you are a male athlete over 40 or a female athlete over 50, please provide blood tests for total cholesterol, hdl, ldl, triglycerides, glycemia, creatinine (no more than three months old) to assess your cardiovascular risk

## PLEASE NOTE THAT:

- > the stress test may not be carried out if the athlete is feverish or injured
- > in the case of athletes with permanent motor disabilities, the physician assesses the subject's ability to perform the stress test; if the assessment is negative, the physician will refer the athlete to one of the third level facilities available in the area
- > competitive eligibility for some sports may require the performance of additional specialised tests. The athlete should provide a copy of such tests if they have already been carried out.

### **EXAMINATION WAITING TIME**

The maximum waiting time for an eligibility examination is normally less than 14 days. However, timelines may vary depending on the seasonality of some sports. However, up-to-date waiting times are available on the website [www.sanirad.it](http://www.sanirad.it) where they are periodically updated.

### **CERTIFICATE COLLECTION WAITING TIME**

The electrocardiogram carried out as part of the sports examination is always assessed by a cardiologist in addition to the sports doctor.

This procedure means that the certificate is normally available for collection 7 days after the medical examination, provided that by that date the athlete has completed and submitted any additional specialised tests required. Certificates can be downloaded from the “referti online” portal available on the company website.

### **VISITS PERFORMED**

#### **IN AGREEMENT WITH THE SSN**

*SaniRad is accredited with the National Health Service for level 1 and 2 sports medicine. Underage athletes who belong to sports clubs affiliated with National Sports Federations or Sports Promotion Authorities recognised by CONI (Italian National Olympic Committee) can access the services covered by the agreement (free of charge as they are entirely paid for by the SSN). A suitable request from the sports club to which they belong is required for booking. Reservations can be made directly at the reception desk or by telephone on 0432-854123 0432-851321 or 0432-223522 (centralised call center for Health and Social Services). Place availability depends on the amount of the regional budget allocated to the facility.*

### **AGREEMENTS WITH SPORTS CLUBS**

*SaniRad is willing to enter into agreements with sports clubs that enable the club themselves to meet certificate deadlines by proper scheduling of certification activities.*



# SPORTS INJURIES

Dr. Riccardo Zero

specialist in sports medicine

## MUSCLE CRAMP

Intense, sudden and involuntary contraction of the muscle in a shortened position.

**Symptomatology:** acute pain, functional impotence and contracted muscle.

**How to act:** gentle stretching of the muscle, active lengthening by contraction of the antagonist muscle, massage the affected area.

## TENDON MUSCLE INJURIES

**Symptomatology:** pain, partial or complete functional impotence, bruising, swelling, skin depressions, wounds.

**How to act:** dress the wounds, immobilize the limb, ice.

## CAPSULOLIGAMENTOUS INJURIES

Injury to the capsuloligamentous apparatus of a joint caused by excessive movement in the planes of the normal joint or by abrupt stress in directions other than physiological joint motility.

**Frequently affected:** ankles, knee, and wrist.

**Symptomatology:** pain on movement and loading, joint swelling, functional impotence, ecchymosis and skin hematoma.

**How to act:** ice, immobilization and limb unloading.

## FRACTURE

Continuous injury (breakage) of one or more bones produced by a force that exceeds the limits of strength. There are compound fractures i.e., with dislocation and simple fractures without dislocation.

**Complications:** exposure, vascular and nerve injuries, muscle and tendon injuries.

**Symptomatology:** pain exacerbated by movement, anatomical deformity, functional impotence, unnatural mobility, bone rattling noises, ecchymosis and skin hematomas.

**How to act:** cover wounds, temporarily immobilize limb, ice, unload limb.

## SPORTS TRAUMATOLOGY

It is a medical discipline that plays an important and diverse role in daily life.

The injured **athlete** asks about the type of injury it has, the cause of it, the time frame for healing and resumption of sports activity, the possibility of returning to the capacity competitive abilities prior to the injury, the possibility of a recurrence; in short, it asks the doctor for a complete functional recovery in the shortest possible time; whereas the **nonsports patient** generally asks for recovery from the injury regardless of the therapeutic method and the time required. The sports physician must give maximum communication and information to the traumatized sportsman and set up therapeutic programs in the quest for the complete recovery of the athlete in the shortest possible time.

**Diagnosis** of an injured person must go through an examination by the sports physician or medical traumatologist who will collect a careful medical history, examine the athlete for any signs and symptoms and possibly prescribe tests that will serve to complete the diagnostic process: ultrasound, RX, CT scan, MRI ect.

The diagnosis will be followed by a **therapeutic pathway** where the sportsman will be followed by different figures (physiotherapist, athletic trainer) who will help it for full recovery from the injury. Follow-up will be equally important in this phase: medical checkup and possible examinations; fundamental will be the interaction between the different professional figures in order to reach the ultimate goal of the sportsman's recovery and to inform him about the possibility of preventing relapse or other injuries.



# DIABETES

*Dr. Claudio Taboga  
Dr. Floriana Ciccìò  
specialist in Endocrinology*

## WHAT IS DIABETES

Diabetes is a chronic disease characterized by the increased concentration of glucose in the blood. Responsible for this phenomenon is an absolute or relative deficiency of insulin that allows the body to use glucose for energy processes within the cells.

When insulin is produced in insufficient amounts by the pancreas or the cells of the body do not respond to its presence, glucose levels in the blood will be higher than normal (hyperglycemia) thus promoting the onset of diabetes mellitus.

## GLYCEMY

It represents the concentration of glucose in the blood. Glucose is essential in the body since it is the essential nutrient for all cells that take it directly from the blood.

For a diabetic, one of the most important goals is to keep blood glucose as much as possible within a normal range throughout the day. To this end, it is necessary to perform daily self-monitoring of blood glucose levels, through a series of daily operations that go by the name of self-monitoring.

Medicine currently distinguishes three forms of diabetes mellitus:

TYPE 1 DIABETES  
TYPE 2 DIABETES  
GESTATIONAL DIABETES





### **TYPE 1 DIABETES MELLITUS**

It affects 10% of diabetes cases and develops predominantly from childhood or adolescence. It is classified among autoimmune diseases, i.e., linked to a reaction of the immune system against the organism itself. It is an irreversible condition, therefore the patient diagnosed with type 1 diabetes will have to necessarily take daily and lifelong doses of insulin (hence the term insulin-dependent diabetes). The causes of this disease are still unknown but, as autoimmune, it is believed to be triggered by a concomitance of genetic and environmental factors. Among the symptoms most frequent include heavy and frequent urine, excessive thirst and hunger, and sudden and unmotivated weight loss.

### **TYPE 2 DIABETES MELLITUS**

Represents the most common form of diabetes and affects 90% of cases. It develops predominantly from 40 years of age and predominantly affects individuals who are obese and overweight.

The underlying causes of the onset of the disease are generally to be found in hereditary factors and environmental factors. This is accompanied by characteristic aspects of the person such as obesity and environmental triggers such as sedentary life, stress, and certain diseases. Some of the typical symptoms of type 2 diabetes are: tiredness, frequent need to urinate even in the night hours, unusual thirst, weight loss, blurred vision and slow healing wounds.

### **GESTATIONAL DIABETES**

Gestational diabetes is defined as an increase in levels of glucose that occurs or is detected during the period of pregnancy. This condition occurs in 8 percent of cases in pregnant women. Generally, gestational diabetes tends to disappear at the end of pregnancy. However, women who have suffered from it have a higher risk of developing type 2 diabetes later in life.

# MELANOMA

## screening

*Dr. Luisa Croattino  
Dr. Matteo Figini  
specialist in Dermatology*

Anyone should undergo a specialist dermatological examination with dermatoscopic examination of all naevi, at least once in a lifetime.

**The following people in particular should be sensitized as at-risk individuals:**

- > those who have had a family member affected by melanoma
- > those who are light-skinned, with blond or red hair and light-colored eyes (phototype I, II)
- > those who have many naevus and/or numerous freckles
- > those who have sun-aged skin or have overused tanning lamps.

Obviously, it will be up to the specialist to decide the need for further testing with the corresponding shedule, depending on the number of atypical naevi or the relative risk of the test subject. When evaluating the naevi, the dermatologist will assess for asymmetry. To check, all we have to do is divide the mole into two parts and see if the shape, edges and color match. If the shape and edges appear homogeneous, there is no need to worry. Of course, there should be no confusion with dark spots on the skin caused by tanning. Some alertness should be aroused by colors that, within the mole itself, have sharp boundaries between them. Changes in the size of the mole and its evolution in a rapid manner dictate recourse to medical attention. The same is true if redness of the edges occurs, itching or bleeding. Special attention should be paid to blackheads that appear after the age of 45, since their formation should be exhausted by this age.





## THE RULE

Naevi inspection should be done annually and a periodic self-inspection is recommended to check for possible changes. The rule to follow is:

**A** ASYMMETRY

**B** BORDER

**C** COLOUR

**D** DIAMETER

**E** EVOLVING

**SaniRad** performs computerized melanoma screening through FotoFinder technology, a state-of-the-art prevention system.

Our skin can be viewed as a landscape.

**Total Body Mapping** allows us to monitor the surface of the skin over time by obtaining a photographic map of it.

The innovative dedicated software detects the enlargement of an already photographed formation or the appearance of a new formation thus allowing early detection of melanoma.

**FotoFinder** technology allows the entire body to be photographed in minutes, from head to toe and on all sides.

At the examination, the dermatologist analyzes naevi and skin formations through the digital dermatoscope which allows naevi and spots to be enlarged, highlighting their structure in detail, allowing to understand whether or not it is a suspicious formation.

# COMMON KNEE pathologies

*Dr. Rosa Boz*

*Dr. Guido Cavatore*

*Dr. Fortunato Munaò*

*specialist in Orthopaedics*

The **orthopedic examination** makes it possible to diagnose or at least hypothesize the causes of knee pain. The orthopedist might request in-depth diagnostic investigations such as x-ray, ultrasound, CT scan; particular relevance assumes **magnetic resonance** imaging, which allows detailed visualization of the various structural components of the knee (bony portions, articular cartilage, menisci, ligaments, tendons, etc.).

## RISK FACTORS

Obesity - old age - sports, especially contact sports with high traumatic risk  
- long-standing knee trauma - dietary factors (vitamin D deficiency) - muscular and hormonal imbalances.

## DEGENERATIVE DISEASES

Due to minor muscle and joint imbalances, over time and with repeated use, the knee slowly undergoes more or less severe alterations. This is the case, for example, with osteoarthritis, a disease that affects and wears down articular cartilage.

## TRAUMATIC DISEASES

In sports practice, the knee is the joint most frequently affected by injuries.

Injuries often alter the normal joint relationships of the knee and, in the long run, they risk giving rise to degenerative processes if not properly treated. Generally in men the traumatic and degenerative aspect prevails, due to high traumatic risk sports and heavier work. Women are, on the other hand, more prone to problems due to muscular and hormonal imbalances; risk of osteoarthritis increases significantly after menopause.

## WHICH PHYSICAL THERAPY?

If the pain is acute (violently arises after trauma) ice should be applied.

If it is, on the other hand, a chronic pain such as arthrotic pain, then heat is the best solution.

In any case, only the physician or physiotherapist will be able to recommend the right therapy.

**Hyaluronic acid infiltrations** have the function of lubricate a joint that is now “worn out.”

This substance alleviates pain and hinders cartilage deterioration, delaying the need of a surgery.

Cortisone infiltrations, on the other hand, have the function of reducing inflammation in the knee and are used in older patients.

## WHEN TO RESORT TO ARTHROSCOPY?

Surgical arthroscopy is a “mini-surgery” indicated in cases of: cartilage injury – mild knee arthrosis - patellofemoral disorders - ligament surgery - meniscal injuries - arthritis - synovial membrane surgery - release of adhesions.



# BROKEN CAPILLARIES

## treatment and removal

*Dr. Daniele Pontello  
specialist in Vascular surgery*

“Capillaries” or telangiectasias represent a problem mainly cosmetic, but not only, which in Italy involves about 25% of female subjects.

### DIAGNOSIS

The vascular surgeon is the figure of reference for the assessment and treatment of the condition, as it examines the patient for varices, telangiectasias (dilated capillaries), swelling of the limbs, etc.. Venous doppler ultrasound of the lower limbs is the diagnostic investigation to determine both the patency of the superficial and deep venous vessels and the continence of the veins, meaning the proper function of the vessel wall and the valves located within it.

### CARE AND TREATMENT

Very important is the medical/clinical-preventive approach.

There are essential food-derived elements in nature, now translated into drugs and/or supplements, extremely active in curbing the progression of vein and lymphatic diseases and reducing related disorders. One of the basic principles of treatments for diseases of the veins is graduated compression, which can be performed today in various cases and during various treatments with modern elastic bandages and stockings. The vascular surgeon can also indicate targeted treatments including sclerotherapy or laser treatment (thermococoagulation).

#### PREDISPOSING FACTORS

- Familiarity
- Use of contraceptive pill
- Sedentary Lifestyle and Job
- Diet, Diabetes, Being overweight, Constipation
- Heated environment and Climate

#### AGGRAVATING FACTORS

- There are aggravating factors that can be avoided to try to contain the development and subsequent worsening of the condition.
- THE HEAT (saunas, excessively hot baths, thermal mud baths)
  - THE SUN'S RAYS AND TANNING LAMPS
  - TRAUMAS. Certain types of sports and work activities expose the legs to repeated trauma
  - THE HOT WAXING
  - THE CONTRACEPTIVE PILL, hormonal substances and other drugs



# HEADACHES TYPES and treatment



Dr. Ermanno Del Zotto  
Prof. Gian Luigi Gigli  
Dr. Roberto Berardino Toscano  
specialist in Neurology

Cephalgia is the medical term for “headache.” which is a very common disorder, so much so that each of us has experienced it at least once in our life.

Cephalgia can be of many types and have different causes. Two major groups can be distinguished:

## *“PRIMARY” HEADACHES*

*in which the headache represents the main disorder and is not a symptom of another disease*

## *“SECONDARY” or “SYMPTOMATIC” HEADACHES*

*in which the headache is instead caused by a specific pathology (trauma, stroke, meningitis, brain tumor, etc.)*



## *MIGRAINE*

The first group of headaches includes migraine and tension-type headache.

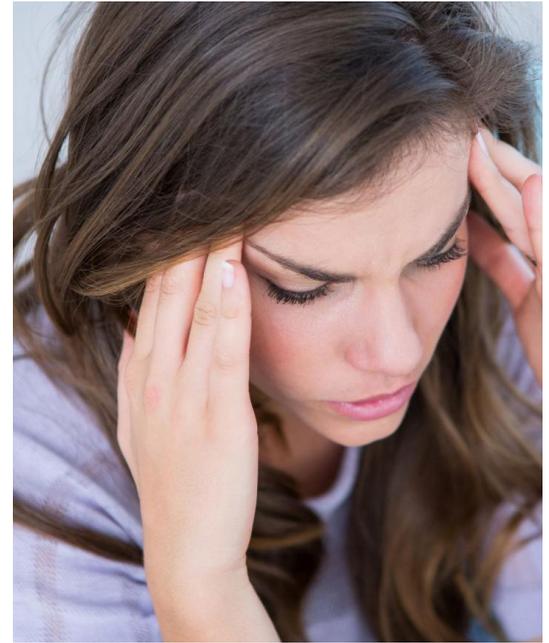
Migraine affects 15/18% of women and 6% of men (with reference to familiarity).

It generally begins in adolescence, is recurrent and has very distinctive features.

The pain is generally throbbing, very intense, often on only one side of the skull (hemi-crania), is accompanied by nausea and sometimes vomiting, there is discomfort from light and noise, it increases with movement, so much so that the subject prefers to lie in bed, silent, in the dark.

Sometimes migraine is preceded by visual disturbances, impediment of speech, loss of sensitivity and movement to one or more limbs.

In these cases we speak of an “aura”: a series of symptoms that begin about ten minutes before the headache and then proceed to disappear.



## *TENSION HEADACHE*

Tension headaches are the most common type of headache.

It is often due to an unconscious contracture of the head and neck muscles, usually related to stressful factors, anxiety and depression.

The symptoms are different from those of migraine: the headache is usually more prolonged (even a week), is often described as feeling like a tightening helmet around the head, is less intense and less disabling and is not accompanied by the complaints described above for migraine.

It is often confused with cervical spondylosis disorders, in which the pain is accentuated with neck movements and there's a feeling of “stiffness”. In this case, abnormalities of the cervical vertebrae can be found on x-rays.

**Therapies for the various types of headache are different and specific from each other (painkillers are almost never enough). In this case, the general practitioner or the neurological specialist should be consulted.**

# THYROID diseases

*Dr. Floriana Ciccì  
Dr. Claudio Taboga  
specilist in Endocrinology*



## THE THYROID

It is a gland weighing about 20g located in the anterior part of the neck, in front of the trachea, where it rests on cartilage.

It provides for the construction and release into the bloodstream of thyroid hormones, which play a key role in the development of the central nervous system (especially in the first months of life), in body growth, sexual maturation and in the regulation of the body's overall metabolism.

## THYROID GLAND CAN BE:

A

UNDERACTIVE (Hypothyroidism)

B

OVERACTIVE (Hyperthyroidism)

C

HOME TO THYROID NODULES

## THE ROLE OF ULTRASOUND

It is a critically important instrumental examination to aid clinical-endocrinological evaluation.

- 1) It determines the volume of the thyroid gland.
- 2) It gives information about the structure of the gland such as hypoechogenicity and inhomogeneity, characteristics of autoimmune thyropathies (cause of most hypothyroidisms and hyperthyroidisms)
- 3) Highlights the presence of nodules even smaller than 1 cm that are difficult to appreciate with palpation.

Thyroid nodules are very common in clinical practice. Approximately 40% of the general population has thyroid nodules and most of these are benign in nature.

In fact, a diagnosis of malignancy occurs in no more than 5% of nodules.

Ultrasound is the gold standard for describing nodules and selecting lesions that deserve in-depth fine-needle cytology under ultrasound guidance to detect the presence of suspicious or frankly cancerous cells. Papillary thyroid cancer (the most frequent form) is curable by surgical removal and later with possible radioactive iodine therapy.

There is a complete cure in most cases, especially with an early diagnosis.



### DIAGNOSTIC PATHWAY

- 1- CLINICAL ENDOCRINOLOGIC EVALUATION
- 2- THYROID ULTRASOUND
- 3- POSSIBLE FINE NEEDLE CYTOLOGY
- 4- FOLLOW-UP OVER TIME OR THERAPEUTIC INTERVENTIONS IN CASES OF SUSPICIOUS OR DEFINITELY MALIGNANT CELLS

# PROSTATE cancer prevention



*Dr. Italo Rasciale  
Dr. Pietro De Antoni  
specialist in Urology*

As the specialist doctor for the urinary tract and the male genital system, the urologist oversees the health of patients throughout the various ages of male life, with a focus for men over 50 years of age.

Such individuals are at greater risk for prostatic diseases that can be caught at an early stage, such as Benign Prostatic Hyperplasia and Prostate Cancer.

It is certainly desirable that the urologist be approached and consulted by men of all ages and not only by those over the age of 50.

The urologist is the specialist to turn to for the health of one's urinary system, both for preventive and monitoring purposes and in the awake of urinary and genital tract disorders.

**THE NEW MAGNETIC RESONANCE IMAGING EQUIPMENT AT SANIRAD PROVIDES HIGH-QUALITY PROSTATE MRI WHILE ENSURING MAXIMUM PATIENT COMFORT**

A simple blood test, a rectal exploration performed by the doctor and a transrectal prostate ultrasound, can in many cases be sufficient to diagnose early prostate pathologies and consequently improve treatment.

An EARLY DIAGNOSIS can mean a complete recovery from the disease especially in the case of prostate cancer.

Therefore, the specialist's task is not so much to request the PSA test, but rather to interpret its value in the context of the overall clinical picture, discriminating between the various pathologies.

*The urologist may not be able to prevent prostate disease from arising, but he can certainly make sure that it is treated promptly and in the most effective manner.*



**IT IS IMPERATIVE THAT THE PATIENT RELY ON THE UROLOGIST  
WITHOUT ANY PARTICULAR RELUCTANCE OR MODESTY THAT OFTEN DO MORE  
HARM THAN GOOD AND DELAY THE GOOD WORK OF THE PHYSICIAN**

Prevention measures

# VIRUSES AND INFECTIONS

With the “critical phase” of COVID-19 disease behind us, it is still considered important to take some precautions that are essential for the protection of everyone’s health. SaniRad adopts and updates internal protocols aimed at preventing infections by sensitizing all staff through training programs.

**Patients can also be an active part of this system by observing a few simple rules:**

**PLEASE WEAR A MASK INSIDE THE FACILITY** covering the nose and mouth **IF EXPERIENCING ANY FLU SYMPTOMS.**

**IF YOU HAVE AN APPOINTMENT PRESENT ACCOMPANIED ONLY IN CASE OF NEED** (minors, people with disabilities or those requiring assistance).

**PLEASE SHOW UP EARLY FOLLOWING THE INSTRUCTIONS OF THE OPERATORS.**

**SANITIZE YOUR HANDS FREQUENTLY, INCLUDING AT THE ENTRANCE AND EXIT OF CLINICS, BATHROOMS AND OFFICES.**





# Directions

**SaniRad** is located in Tricesimo, 10 km from Udine, and is easily accessible thanks to its proximity to the SS13 Pontebbana (150 m).

Arriving by motorway, exit at Udine Nord. Turn right onto SS13.

Keep right on Via Nazionale.

At the roundabout take the second exit onto Via Nazionale.

Go on for about 3 km.

At the first traffic light in Tricesimo turn left onto Via San Giorgio.

At the roundabout take the first exit onto Via J.F. Kennedy.

Go on for 300 m until the entrance to the facility.

A bus stop is located about 50 m from **saniRad** on Via 11 Febbraio.

The centre has ample parking and offers easy access to disabled people by providing wheelchairs, walker frames and lift; if you want to make an appointment for a disabled person, please let us know in advance so that we can provide all the information you may need for easier access.



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