

Patient Request for Visiting Dialysis

PATIENT INFORMATION LABEL

Name:

Address:

Phone:

PHN:

► Sending Unit: Please attach a fax cover sheet in front of this letter (for patient privacy). Please ensure all requested documentation is provided in English.

REQUEST

Patient name:

Has requested dialysis treatment at the following dialysis unit:

On the following dates and times:

Please fax the attached 3 forms:

- *Visiting Dialysis Patient Information*
- *Checklist for Visiting Dialysis Patient*
- *Visiting Dialysis Patient History & Physical Update*

within 2 weeks of receiving this request. Dialysis reservations cannot be confirmed until the information has been reviewed by our nephrologist. The sooner the information is received, the sooner we can confirm the dialysis reservation and the patient can make his/her travel arrangements. At a minimum, we like to receive the information **at least 4 weeks** before the first run.

Please fax the attached *Visiting Dialysis Patient Information Update* form and 3 recent run sheets/log **immediately prior to the patient's visit**. Please feel free to contact me if you have any questions.

Sincerely,

Name (Print)

Title

E-mail

Phone