

Dialysis Access Center of Tyler Instructions

Patient Name: _____

Allergies: _____

Patient please **do not** eat or drink after: _____

Arrival time: _____ Date: _____

Preparation:

_____ Bring insurance cards

_____ Insulin instructions

_____ A.M. meds **MAY TAKE BLOOD PRESSURE MEDS ONLY**

_____ Bring insurance cards

Dialysis center, please fax the following:

_____ Referral form

_____ Recent patient rounding report or trend

_____ Problem list

_____ H&P (hospital or dialysis center)

_____ Copy of insurance cards

_____ Patient information sheet (from chart)

Please use this form as your face sheet! Fax to 903-526-2514