

Please PRINT information



Dialysis Access Center of Tyler

807 East First Street
Tyler, Texas 75701
P: 903-526-0480 | F: 903-526-2514

Patient Referral and Appointment Request

Name: _____ DOB: _____

Dialysis Center: _____

Dialysis Days: MWF TTS Home PD Office

Home Phone: _____ Alternative #: _____

Requested Procedure: _____

Reason (please list all that apply): _____

Most recent Twister flow: _____ Dropped : _____ % Date: _____

Access Information:

Location & Type of Access: _____ Date of Creation: _____
(if less than 4 weeks old refer to surgeon)

Date & Time of Arrival: _____

Nurse Name: _____

Comments: _____

Verbal Order Physician Name: _____

Telephone Order Referring Physician's Signature, if available:

Protocol

*****Important Reminder:**

Please fax a copy of rounding report with med list, patient transfer form, and most recent H&P with this form***

Form Effective December 2017