



7114 San Pedro Avenue | San Antonio, TX 78216
Phone: 210-342-2233 | Fax: 210-342-2232

Dialysis Access Scheduling/Referral Information

Patient's name: _____ DOB: _____ SS#: _____

Home phone: _____ Dialysis days: (circle one) MWF TRS Shift: (circle one) 1 2 3

Address: _____ City: _____ State: _____ ZIP: _____

Nephrologist: _____ Vascular Surgeon: _____ Dialysis Center: _____

RECOMMENDED PROCEDURE
(check all that apply)

- Angiogram
- Declot
- Catheter placement
- Catheter exchange
- Catheter removal
- Vein mapping
- PD Placement
- PD Removal
- PD Gram
- Paracentesis

INDICATION
(check all that apply)

- Increased venous pressure
- Increased arterial pressure
- Prolonged bleeding
- Decreased URR
- Low access flow
- Non-maturing access
- Difficult Cannulation
- Pain
- Swollen extremity

ACCESS INFORMATION

Date of creation: _____ Type: (check one) AV GRAFT AV FISTULA CATHETER

Contrast allergy? (circle one) YES / NO (If YES, please call for pre-med orders)

If access was placed less than 4 weeks ago, call Access Center. Please fax insurance info with face sheet.

Referral Completed by: (Verbal Order – Nurse) _____

Referring Physician's Signature, if available: _____

Phone: _____

Date: _____