

PATIENT INSTRUCTIONS

Patient Name:

You have an appointment for the doctor to work on your dialysis access as follows:

Date:

Check-In Time:

Our address is:

**10 E Cambridge Circle Dr.
Suite 150
Kansas City, Kansas 66103**

INSTRUCTIONS FOR CATHETER REMOVAL PROCEDURE

1. If you are unable to keep your appointment, please call **913-233-0454** to reschedule.
2. **You CAN drive yourself to this appointment**
3. **You CAN eat and drink and take your medications prior to your appointment**
4. Bring a current medication list or bring your medication bottles.
5. Please bring your insurance card(s) with you.
6. Please don't wear any jewelry or bring any valuables with you.
7. Following your procedure, discharge instructions will be provided for you.