Colorado Renal Access and Imaging Center Referral Order Form

ialysis Days	(circle one): M	/VF/ I	15 Dialysis							
st Dialysis '	Treatment				Are they	to return a	after procedur	e? YES	NO	
	esident of a nursi									
Patie	nt Name				Ра	atient Phon	e Number			
Patient Address				City				Zip		
ease Circle	Your Answers:									
Δατρες Τι	vno.									
Access Type: AV Fistula				AV Graft				Catheter		
Location										
	Right	Le	ft	Fo	rearm	Upper A	Arm	Thigh		IJ
Desired F	Procedure:			-		- 1-1		0		-
	ce Exam		Venous M	apping		Venogram		Fistul	ogram	
				Catheter Placement			Catheter Exchange		Catheter Removal	
	n (You may circle	e more								
	Pain		Swelling		High Venous	Pressure	Infiltratio	on	Prolon	ged Bleedin
Cat	h. Poor Function	Cle	otted Access		Difficult Car		Infectio			ature Fistu
	Broken		Steal Syndrome		No Longer		Aneurys		↓KT/V	
	Other (Note details)				110 201801	lequil ea	/		*, -	
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