

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**