



Dialysis Referral Order
P 989.790.2600 F 989.790.3311

Date: _____

Patient Name: _____ DOB: _____ Phone: _____

Dialysis Unit _____ Current Access: Right/ Left _____

Primary Nephrologist _____ Clinic Phone# for Results _____

Clinic Fax # for Results _____

NEW ACCESS

Circle: Fistula Consult/ Graft Consult/ Permacath Placement

_____ Date of PermaCath Placement

_____ Fast Track for 90-Day New

_____ Ultrasound Vein Mapping

_____ Functioning Access

ACCESS MALFUNCTION

_____ Ultrasound Flow Volume

_____ Fistulagram

_____ Low Access Flow _____ cc/min

_____ Pulling Clots

_____ Recirculation _____ %

_____ Multiple Sticks

_____ K-urea

_____ Difficult Cannulation

_____ Decrease KT/v

_____ Pain

_____ Prolonged Bleeding

_____ Coolness of hand

_____ Swelling

_____ Infected Catheter

_____ Other _____

PAD

Do they have Lower Extremity Issues _____ YES _____ NO Circle: Claudication / Gangrene