



Date: \_\_\_\_\_

Dialysis Unit \_\_\_\_\_ Ph \_\_\_\_\_ Fax \_\_\_\_\_

Nephrologist: \_\_\_\_\_ Neph Ph: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Nursing **Last Dialysis Date:** \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ **Dialysis Schedule:** \_\_\_\_\_ Shift: \_\_\_\_\_

Can patient sign own consents? \_\_\_\_\_ If no, whom? \_\_\_\_\_ Ph: \_\_\_\_\_

**CLINICAL INFORMATION**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Current Kt/V: \_\_\_\_\_ URR: \_\_\_\_\_ Date: \_\_\_\_\_

MI HIV COPD DM Stroke HBsAg

HTN Peptic Ulcer HCB Bleeding Problems CAD

Allergy to X-Ray Contrast? \_\_\_\_\_ \*Past issues w/Anesthesia? \_\_\_\_\_ Any other allergies? \_\_\_\_\_

Reaction(s): \_\_\_\_\_

**METHOD OF TRANSPORTATION**

Self Family/Friend Ambulance Wheelchair Needs Transportation

**ACCESS TYPE**

AV Graft AV Fistula CVC PD Catheter

**ACCESS LOCATION**

Arm Right Upper IJ/SCV  
Leg Left Lower Femoral

**REQUESTED PROCEDURE**

Thrombectomy	CVC Evaluation	CVC Exchange	Suture Removal
Venogram	CVC Insertion	Embolize Accessory Vein	PD Catheter Evaluation
Fistulogram	CVC Repair	Vein Mapping	PD Catheter Placement
Fistula Evaluation (Immature)	CVC Removal	Graft / AV Fistula CREATION	PD Catheter Reposition
			PD Catheter Removal

**INDICATION**

Clotted Access	Dysfunctional Catheter	V AVF/G
Swollen Extremity	Broken/Cracked Hub/Clamp	CVC Removal
Difficult Cannulation	Frequent Infiltrations	Infection
High Venous Pressure	Pain	Using Perm. Access
Fistula Failing to Mature	Low URR or Kt/V	No longer on dialysis
Low Access Flow	Initiate Dialysis	Prolonged Bleeding
		Other: _____

Aneurysm (Please indicate) Location & Size: \_\_\_\_\_

Special Notes/Requests: \_\_\_\_\_

**Please include Past 3 Flow Sheets | Insurance & Demos | Recent H&P | Med & Allergy List | Labs**

Email: [Scheduling@RenalAccessClinic.com](mailto:Scheduling@RenalAccessClinic.com)

**FAX TO: 713-838-2309**

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Verbal/Scheduling Orders  
Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

IN OFFICE USE ONLY:  
Received by: \_\_\_\_\_

Date: \_\_\_\_\_

APPT Scheduled on: \_\_\_\_\_

Time: \_\_\_\_\_