



VASCULAR INSTITUTE
OF CHATTANOOGA

Dialysis Referral Order

2358 Lifestyle Way Suite 100, Chattanooga, TN 37421

p 423.602.2750 f 423.602.2762

Patient Name: _____ DOB: _____ Patient Phone: _____

Appointment Date: _____ Appointment Time: _____ Dialysis Day: MWF / TTHS

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

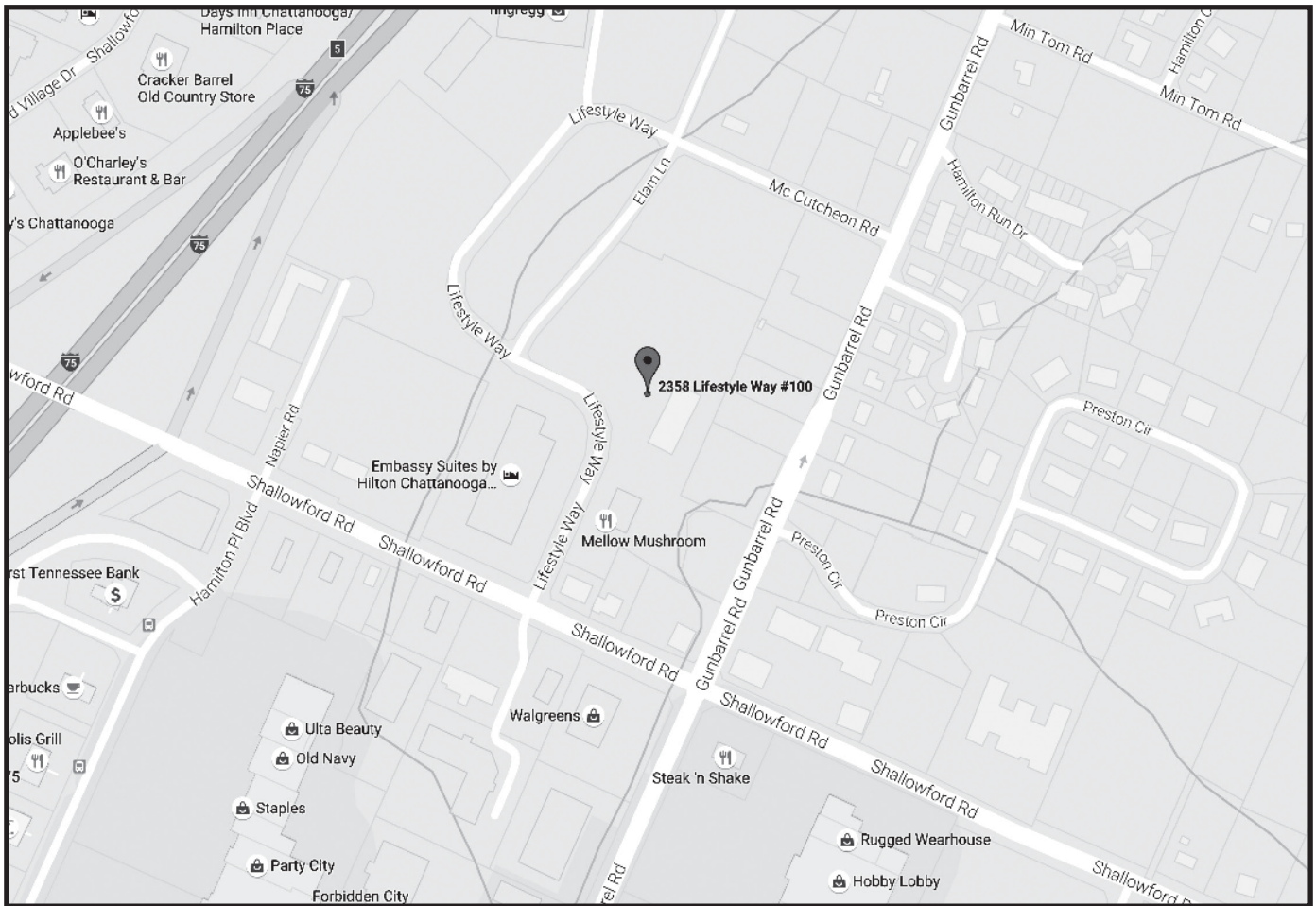
Do they have Lower Extremity Issues _____ Yes _____ No

Circle: Claudication / Gangrene

Provider's Signature _____ **Date:** _____



VASCULAR INSTITUTE
OF CHATTANOOGA



2358 Lifestyle Way, Suite 100
Chattanooga, TN 37421
p 423.602.2750 • f 423.602.2762
www.vascularinstituteofchattanooga.com