

# Vascular Access Appointment

Dear \_\_\_\_\_,

Please accept this *vascular access appointment* from your dialysis facility and nephrologist to ensure optimal care for your vascular access.

**You are scheduled to meet with the vascular surgeon and/or facility listed below for:**

Vein mapping and/or permanent access evaluation,

Permanent access placement,

Vascular access revision, and/or repair

Other: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Confirmed transportation arrangement:**

Self/Caregiver  Public transport  Taxi  Transportation company

**Vascular surgeon and/or facility:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Best way for dialysis staff to contact patient for an appointment reminder:**

Text: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My signature confirms that I accept this appointment for my *vascular access*.

**Patient signature:** \_\_\_\_\_

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

**If you are unable to make your appointment,** please call your vascular access manager,

\_\_\_\_\_, at \_\_\_\_\_.