

Vascular Access Appointment

Dear	
Please accept this vasc for your vascular acces	ular access appointment from your dialysis facility and nephrologist to ensure optimal care ss.
You are scheduled to	meet with the vascular surgeon and/or facility listed below for:
☐ Vein mapping and/o	or permanent access evaluation,
☐ Permanent access p	acement,
☐ Vascular access rev	ision, and/or repair
☐ Other:	
Date:	Time:
Confirmed transport	e e e e e e e e e e e e e e e e e e e
☐ Self/Caregiver ☐ P	ublic transport □ Taxi □ Transportation company
Vascular surgeon and	l/or facility:
Phone number:	
Address:	
Best way for dialysis	staff to contact patient for an appointment reminder:
•	
□ Email:	
Patient signature: _	that I accept this appointment for my vascular access.
Date:	
•	nake your appointment, please call your vascular access manager,

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