

## **Vascular Access Appointment**

Dear,
Please accept this <i>vascular access appointment</i> 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:
Date:  If you are unable to make your appointment, please call your vascular access manager,

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