


Dialysis Patient Identification Card

Cut out this identification card and keep it with you always. Make sure you complete the card and update it regularly as information may change. This allows you, a caregiver and clinician to be aware of your dialysis needs.

 cut here

I AM A DIALYSIS PATIENT

Name: _____

DOB: _____

Address: _____

Primary Phone: _____

Other Phone: _____

Allergies: _____

Emergency Contacts:

esrd.qsource.org

Dialysis Center Information

Please contact the dialysis center for dialysis prescription and orders.

Dialysis Unit Name: _____

Phone: _____

Emergency Hotline: _____

Important Provider Information

Nephrologist: _____

Phone: _____

Pharmacy: _____

Pharmacy Phone: _____

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Use these lines to add additional information if needed, then cut and attach to the back of your ID card.

For more information or to file a grievance, please contact:

ESRD Network 10 (IL)
911 E. 86th St., Ste. 30
Indianapolis, IN 46240
Toll-Free: (800) 456-6919

ESRD Network 12 (IA, KS, MO, NE)
2300 Main St., Ste. 900
Kansas City, MO 64108
Toll-Free: (800) 444-9965



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