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

fold here

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 16
3725 Champion Hills Dr., Ste. 3100
Memphis, TN 38125
Toll-Free: (800) 456-6919

ESRD Network 17
3725 Champion Hills Dr. Ste., 3100
Memphis, TN 38125
Toll-Free: (800) 444-9965

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