

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.



<p>I AM A DIALYSIS PATIENT</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Address: _____</p> <p>_____</p> <p>Primary Phone: _____</p> <p>Other Phone: _____</p> <p>ALLERGIES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>EMERGENCY CONTACT(S)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>DIALYSIS CENTER INFORMATION</p> <p>Please contact dialysis center for dialysis prescription and orders.</p> <p>Dialysis Unit Name: _____</p> <p>Phone: _____</p> <p>Emergency Hotline: _____</p> <p>IMPORTANT PROVIDER INFORMATION</p> <p>Nephrologist: _____</p> <p>Nephrologist Phone: _____</p> <p>Pharmacy: _____</p> <p>Pharmacy Phone: _____</p>
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Fold Line

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

ESRDNetwork10@qsource.org

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

ESRDNetwork12@qsource.org



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