NANI VASCULAR

REFERRAL FORM

DuPage Access Center

7425 Janes Ave • Suite 101 • Woodridge, IL 60517-2319
Phone: 630-929-5700 • Fax: 630-241-1197

IF THIS IS A TIME SENSITIVE REQUEST, PLEASE CALL THE CENTER DIRECTLY.
****INCOMPLETE FORMS AND/OR MISSING INFORMATION MAY DELAY THE SCHEDULING PROCESS ****

TODAY'S DATE ____________________ REQUESTED DATE ________________

PATIENTS NAME ________________________________

PATIENTS ADDRESS ________________________________

____

PATIENTS PHONE NUMBER ________________________

DIALYSIS CENTER ________________________________

LAST DATE OF SUCCESSFUL DIALYSIS _______________

PATIENT REGULAR DIALYSIS DAYS

☐ M-W-F ☐ T-T-S ☐ M-F

☐ AM ☐ MID ☐ PM

PLEASE FAX THE FOLLOWING INFORMATION TO OUR OFFICE:

1. **DEMOGRAPHIC SHEET**
2. **MEDICATION LIST**
3. **INSURANCE CARD(S)**

ACCESS TYPE

☐ AVG ☐ AVF ☐ CATHETER

☐ RT FOREARM ☐ LT FOREARM ☐ RT CHEST

☐ RT UPPER ARM ☐ LT UPPER ARM ☐ LT CHEST

☐ RT THIGH ☐ LT THIGH

INDICATION:

☐ INFILTRATION ☐ REPAIR

☐ INFECTION ☐ ANEURYSM ☐ NO LONGER NEEDED

☐ CLOTTED ☐ PROLONGED BLEEDING ☐ PAINFUL

☐ DIFFICULT CANNULATION ☐ NON MATURING FISTULA ☐ SWELLING

☐ DECREASED ACCESS FLOW ☐ STEAL SYNDROME ☐ OFFICE VISIT

OTHER ____

CLINICAL INFORMATION

CONTRAST OR IV DYE ALLERGY? ☐ YES ____________ (Reaction) ☐ NO ☐ PREP ORDERED

DIABETIC? ☐ YES ☐ NO

ANTICOAGULANTS? ☐ COUMADIN ☐ PLAVIX ☐ OTHER ____________

COMPETENT TO SIGN CONSENT? ☐ YES ☐ NO IF NO -WHOM ____________

PHONE ____________

LAST TWO ACCESS FLOW READINGS (REQUIRED)

__________ READING __________ DATE __________ READING __________ DATE

TRANSPORTATION

Can patient provide own transportation to and from facility?

__ Yes __ Needs transportation

DIALYSIS CENTER

Fax:________________ Nephrologist:________________

Phone:________________ Scheduled by:________________ Surgeon:________________

NANI VASCULAR

REFERRAL FORM

Dialysis Access Services of NANI

2260 W. Higgins Road • Suite 101 • Hoffman Estates, IL 60169
Phone: 847-963-0644 • Fax: 847-358-0627

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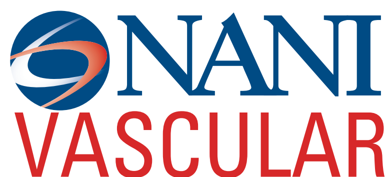

REFERRAL FORM

Merrillville Vascular Center

100 W. 86th Avenue • Merrillville, IN 46410
Phone: 219-472-1350 • Fax: 219-769-1350

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DIALYSIS CENTER

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Phone:____________________ Scheduled by:____________________ Surgeon:____________________

REFERRAL FORM

Willow Springs Surgery Center

9050 W. 81st Street • Justice, IL 60458
Phone: 773-284-9247 • Fax: 773-284-9249

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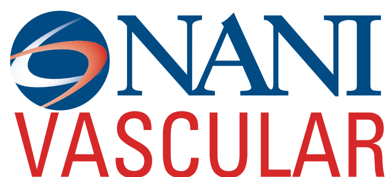

REFERRAL FORM

Northeast Indiana Access Care

1833 Magnavox Way • Fort Wayne, IN 46804
Phone: 260-918-0997 • Fax: 260-459-7885

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REFERRAL FORM

Indiana Surgery & Vascular Center

1420 N. Senate Boulevard • Indianapolis, IN 46202
Phone: 317-634-0920 • Fax: 317-634-0921

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