

METROLINA NEPHROLOGY ASSOCIATES, PA  
VASCULAR ACCESS CENTER REQUEST FORM

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Concord, NC 28025  
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**FOR APPOINTMENT SCHEDULING WE MUST RECEIVE THIS FORM COMPLETED IN ITS ENTIRETY, INCLUDING A PHYSICIAN, NP, OR PA ORDER ALONG WITH A MEDICATION LIST**

Patient Name: \_\_\_\_\_ Dialysis Center/Office: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Patient phone number: \_\_\_\_\_

Is English the patient's native language?  yes  no If no, what language does the patient speak? \_\_\_\_\_

**ALLERGIES:**  NKDA  yes, \_\_\_\_\_  
If patient is allergic to IVP dye, was pre-med called in? \_\_\_\_\_

**Diabetic:**  yes  no

**Insulin:**  yes  no

**Coumadin:**  yes  no If on Coumadin, date of last dose: \_\_\_/\_\_\_/20\_\_\_ Reason taking: \_\_\_\_\_

**Can Pt Transfer Independently?**  yes  no

**Procedure requested:**

- |  |   |   |
|--|---|---|
| <input type="radio"/> Declot             | <input type="radio"/> Fistulogram       | <input type="radio"/> Maturation Visit (Surgeon: _____) |
| <input type="radio"/> Permcath insertion | <input type="radio"/> Permcath removal  | <input type="radio"/> Vessel Mapping (Surgeon: _____)   |
| <input type="radio"/> Ultrasound         | <input type="radio"/> Permcath Exchange | <input type="radio"/> Venagram (Surgeon: _____)         |

Kayexalate Ordered for Declot: \_\_\_\_\_

Surgeon who placed access: \_\_\_\_\_

When was the access placed: \_\_\_\_\_

**Check all of the following that apply:**

- Change in character/thrill/bruit
- Prolonged bleeding  
How long has this been a problem? \_\_\_\_\_  
How long after the needles are pulled does the patient continue to bleed? \_\_\_\_\_
- Access arm edema  
How long has the patient's arm been swollen? \_\_\_\_\_
- Infiltration at access site  
When did the infiltration occur? \_\_\_\_\_
- Cannulation problems  
Describe \_\_\_\_\_
- Poor Clearance  
3 most recent KT/V's \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Low Flows: 3 most recent flows \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Other: \_\_\_\_\_

Date of last dialysis: \_\_\_\_\_ Duration: \_\_\_\_\_  MWF  TTTS

Signature of ordering provider: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**(Verbal and Telephone orders accepted)**