

EMORY HEALTHCARE

DIALYSIS ACCESS CENTER OF ATLANTA

552 Ponce de Leon Ave.

Atlanta, Georgia 30308

PHONE: 404-872-3655 FAX: 404-875-6328

**DIALYSIS ACCESS SCHEDULING INFORMATION
(Please send list of current medication, flow sheets & lab work)**

Patient's Name: _____ DOB: _____ SS# _____

Home Phone: _____ - _____ - _____ Home Address: _____

Nephrologist: _____ Fax: _____ - _____ - _____ Person Scheduling: _____

Dialysis Unit: _____ Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Scheduled days for dialysis (circle one): M W F / T T H S Shift: (circle one) 1st / 2nd / 3rd / Home

Date of last full dialysis treatment: _____

DYE OR CONTRAST ALLERGY? YES / NO
IF YES, PLEASE NOTIFY CENTER

Access Type (circle one): Fistula / Graft / Catheter / PD Catheter

Location (circle one): RFA / LFA / RUA / LUA / RLEG / LLEG / L.CHEST / R.CHEST

- Desired Procedure (circle one):**
- Thrombectomy (DECLLOT)
 - Angioplasty (prolonged bleeding, lowered Kt/V, high venous pressures, i.e. >280 at 400 QB)
 - Catheter insertion/removal/exchange
 - Vessel mapping
 - Non-maturing fistula evaluation (evidenced by poor maturation after 6 weeks placement)
 - Other _____

Primary Insurance _____

Plan # _____ Group # _____

Secondary Insurance _____

Plan # _____ Group # _____

ADDRESS: Dialysis Access Center of Atlanta
552 Ponce de Leon Avenue NE
Atlanta, GA 30308

****Located near City Hall East and across the street from Cactus Car Wash****
Please call for directions if needed