

TMA

Vascular Access Center

1597 Washington Pike, Unit A-14
Bridgeville, PA 15017
412-276-9030 PH
412-276-9033 FAX

Referral Form Today's Date

Patient Name
Address below is: Patient's Actual Home Patient's Nursing Home
Street Address
City State Zip Code
Telephone Last Dialysis Treatment

Access Type: AV Graft / AV Fistula
Surgeon & Date of Creation
Location: Right Left Forearm Upper Arm Chest Thigh
Desired Procedure: Declot Fistulogram/Graftogram Venogram Other

INDICATION
Clotted Access Steal Syndrome Maturing Evaluation
Infiltration High Venous Pressures Decrease of Access Flow
Prolonged Bleeding Difficult Cannulation Need for Peripheral Access
Decreased KT/V Swollen Extremity Aneurysm
Hyperpulsatile Pain High Pitched Sounds on AVF
Recurrent Stenosis Decreased URR

Last 2 Access Flows with dates: & BFR AP - VP Needle

Catheter Procedure
Site: Tunneled Non-Tunneled Right Left Chest Groin
Date of Insertion: Surgeon/Interventional Radiologist
Desired Procedure: Insertion Catheter Change Removal
INDICATION
Clotted Catheter Poor Function Infection
Broken Catheter No Longer Required Other
Exchange Temporary Catheter to Permanent Catheter

Clinical Information
X-Ray Contrast Allergy? Yes No If YES, Reaction?
Diabetic? Yes No
Coumadin/Eliquis/Other Lytics? Yes No If YES, medication?
Competent to Sign Consent? Yes No If NO, Whom? Phone
History of MRSA/MDRO/C-DIFF? Yes No If YES, when?
Covid-19 Vaccination Type/Dates
Medication Allergies

Dialysis Center Phone Fax
Referring MD Form completed by
Post-Procedure Destination: Home Dialysis Clinic Other

Fax the following:
Facesheet/ Insurance Info
Co-Morbid, Lab Results and Med list

Dialysis Schedule: No treatment in last 5 days? STAT K+
M/W/F T/Th/Sat
1 2 3 1 2 3 If the patient is on Coumadin: STAT INR the day prior to procedure