

Dialysis Application Form

complete and send also the dialysis prescription form to be sent to:

USL 7 - Ospedale Alta Val d'Elsa

Poggibonsi (Si) - Italia

Sezione di Nefrologia

(Phone + 39 0577 994219; fax +39 0577 994205)

Mr./Ms... born.....in.....

Address.....

Kidney disease

Has been treated in our dialysis center since.....

Center address and phone number.....

N°..... and date.....of dialysis sessions requested

Major clinical

facts.....
.....
.....
.....
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Vascular access.....

Interdialytic weight gain..... Kg

BP before dialysis.....BP after dialysis.....

Intradialytic complications.....

HBsAg:.....Ab anti-HCV: Ab anti-HIV.....

Intradialytic therapy:

At home therapy

Dr.