

CentraCare Dialysis Records Request

Today's Date _____

CentraCare Dialysis, CentraCare Health System, 1406 Sixth Avenue North, St. Cloud, MN 56303

Please fax or mail the following information on _____

Fax to Angie Wolf: 320-656-7172 Contact phone number: 320-251-2700, ext. 24552

Transient

- _____ Address and Phone (vacation)
- _____ Address and Phone (permanent)
- _____ Allergies
- _____ CentraCare Corporate Compliance (HIPAA)
- _____ Code Status
- _____ Flow sheets (run sheets) last three
- _____ H + P
- _____ Height
- _____ Hepatitis B Antigen within last month and/or
Antibodies within last six months. Hepatitis C
status (if available)
- _____ Insurance information
- _____ Lab values (monthly panel)
- _____ Long Term Care Plan
- _____ Medication list
- _____ Reason for ESRD
- _____ 2728 Network Form

Visitor/Transient treatments may be requested at specific sites with the understanding that the location site may need to be altered.

Unit: KDA (Alexandria) **KDM** (Big Lake) **KDB** (Brainerd) **KDC** (Cambridge) **KDF** (Litchfield)
KDL (Little Falls) **KDP** (Princeton) **KDU** (St.Cloud) **KDS** (Staples)

Requested Dates _____

Access Type (*unable to accept a patient with a LifeSite Access*) _____

Hep B & C Status _____ Duration _____

Patient Home Phone Number _____

Contact Person _____

Phone Number _____

Fax Number _____

Visiting Phone Number _____