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 Los Angeles, CA 90017
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 Fax: (213) 223-1104
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PHYSICIAN ORDER FORM FOR: DIALYSIS PATIENTS

Patient Name: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____
 Telephone #: _____

Reason for Referral:

- Occluded Dialysis Access Malfunctioning Dialysis Access Malfunctioning Dialysis Catheter

Procedure Requested:

ARM:

- Left Upper Extremity Fistulogram Possible Angioplasty and possible Stent placement
 Right Upper Extremity Fistulogram Thrombolysis and possible Angioplasty and Stent placement
 ~ with ~

LEG:

- Left Lower Extremity Fistulogram Possible Angioplasty and possible Stent placement
 Right Lower Extremity Fistulogram Thrombolysis and possible Angioplasty and Stent placement
 ~ with ~

- Tunneled Dialysis Access Catheter Placement.
 Removal of Tunneled Dialysis Access Catheter.
 Exchange of Tunneled Dialysis Access with possible Angioplasty
 Temporary Dialysis Access Catheter Placement (aka: Quinton)
 Removal of Temporary Dialysis Access Catheter (aka: Quinton)

*Required labs to be completed within **7 days** of procedure:

- Basic Metabolic Panel CBC Pro time PTT
 Urine Pregnancy Test (if female, and of child-bearing age)

*** PLEASE ALERT US IF THE PATIENT IS ALLERGIC TO IODINE (aka: Dye or Contrast)**

*** A CURRENT MEDICATION LIST MUST BE FAXED TO US WITH THIS ORDER**

_____ Tel # _____ Fax # _____
 Referring Physician/Nurse Name

_____ Date
 Referring Physician/Nurse Signature

- To schedule a patient for a procedure please contact Ana at (213) 223-1100 or Anabel at (213) 977-7447 between 8:30 a.m.-5:00 p.m. Monday-Friday.
- If you wish to reach Dr. Burstein or Dr. Mayeda, please contact Ana at the California CardioVascular Institute (213) 223-1100 between 8:30 a.m.-5:00 p.m. Monday-Friday.
- If after hours and you need to speak with Dr. Burstein or Dr. Mayeda, please call (213) 223-1100 and have the Exchange page them.
- **For patients requiring gurney transportation, please see the attached instructions for the transport drivers.**