Dialysis Patient Identification Card

If this patient is treated in the ED or is hospitalized, please include the dialysis facility contact information below in the patient's medical record:

Name: _____

DOB: _____

Dialysis Facility: _____

Phone: _____ **Fax:** _____

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Hospitalized?

If you visit the Emergency Department (ED) or are hospitalized, please give this card to the hospital nurse or doctor caring for you. It is very important that the hospital send your hospital and medication records to your dialysis facility.

ESRD Network 18
700 N. Brand Blvd, Suite 405, Glendale, CA 91203
Phone: 800-637-4767 | Fax: 888-280-8669 | www.esrdnetwork18.org

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