



**FIRST COAST
CARDIOVASCULAR
INSTITUTE**

- ☐ Routine
- ☐ STAT (Today)
- ☐ Urgent (within 48 hrs)

Hemodialysis Referral Form

Scheduling Coordinator: Angela Oliver aolivier@firstcoastcardio.com P: 904.493.3333 ext. 1122 F: 904.208.6737	Cath Lab Manager: Caitlyn Dotson, RN cdotson@firstcoastcardio.com P: 904.493.3333 ext. 1055
Marketing Director: Shelly Cataleta C: 904.518.0532 or scataleta@firstcoastcardio.com *Please contact with any issues or concerns ☺	
AC Skinner Catheterization Lab 7011 AC Skinner Parkway, Suite 160 Jacksonville, FL 32256 P: 904.493.3333 ext: 1055 F: 904.208.6737	Palatka Catheterization Lab 205 Zeagler Drive Palatka, FL 32177 P: 386.325.2836 F: 904.208.6737

Patient Name: _____ DOB: _____

Name of Dialysis Center: _____

Phone Number: _____ Fax Number: _____

Nephrologists: _____

HD access location (circle): Right Arm, Left Arm, Right thigh, Left thigh, PD access, CVC cath

Type of access (circle): AVG, AVF, Wavelinq

Reason for Referral- please circles one below:

Clotted	Bleeding	New Wavelinq create	Low arterial pressure
Pulling Clots	Failure to Mature	Elevated Venous Pressure	Difficult cannulation
CVC insert	CVC removal		

PT Dialysis Days: M, W, F T, TH, SAT Other: _____

Date of last full dialysis: _____ HD Completed: Y____N____ Date of next dialysis _____

Is this a new patient or existing patient to FCCI? _____

Dialysis clinic referring nurse _____

Please fax: Demographics, last set of labs and most recent progress note with the referral.

Please fax referral to: 904.208.6737