



This is a fillable PDF form. Enter information first.  
When completed, print at 100% size  
cut along the solid lines (crop marks) and fold in half twice.

**I AM ON DIALYSIS.**

VITAL INFORMATION	PERSONAL INFORMATION																			
<p style="text-align: center;">NAME _____</p> <p>Network: _____ Toll-Free #: _____</p>	<p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Emergency Contact: _____</p> <p>Relationship: _____</p> <p>Emergency Contact Phone: _____</p> <p>Nephrologist: _____</p> <p>Nephrologist Phone: _____</p>																			
Kidney Community Emergency Response (KCER) Program <a href="http://www.kcercoalition.com">www.kcercoalition.com</a>																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medication</th> <th style="width: 30%;">Dose</th> <th style="width: 40%;">Frequency</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Pharmacy Phone: _____</p> <p>Special Needs: _____</p> <p>Diagnosis: _____</p> <p>Allergies: _____</p>	Medication	Dose	Frequency	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #800000; color: white;"> <th style="text-align: center;">DIALYSIS PRESCRIPTION</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">           _____ Hours    _____ Times per week         </td> </tr> <tr><td>Dialyzer: _____</td></tr> <tr><td>Dialysate: _____</td></tr> <tr><td>Medicare #: _____</td></tr> <tr><td>Medicaid #: _____</td></tr> <tr><td>Other Insurance ID: _____</td></tr> </tbody> </table>	DIALYSIS PRESCRIPTION	_____ Hours    _____ Times per week	Dialyzer: _____	Dialysate: _____	Medicare #: _____	Medicaid #: _____	Other Insurance ID: _____
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