

# Vascular Access Appointment

Dear \_\_\_\_\_,

Please accept this *vascular access appointment* from your dialysis facility and nephrologist to ensure optimal care for your vascular access.

**You are scheduled to meet with the vascular surgeon and/or facility listed below for:**

- Vein mapping and/or permanent access evaluation,
  - Permanent access placement
  - Vascular access revision and or repair
  - Other:
- 

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Confirmed transportation arrangement:**

- Self/Caregiver     Public Transport
- Taxi                 Transportation Company

**Vascular Surgeon and/or facility:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Best way for dialysis staff to contact patient for an appointment reminder:**

- Text: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

My signature confirms that I accept this appointment for my *vascular access*.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you are unable to make your appointment, please call your vascular access manager, \_\_\_\_\_, at: \_\_\_\_\_.**