

Turkish Kidney Foundation
Ahmet Ermis Dialysis Center
Transient Transfer Form (2)

Heparin Type: Dosage:

Potassium Bath:

Bicarb: Yes r No r

Dry Weight :

Last Post Weight and Date :

Referring Physician:

Complications During Treatment:

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Vascular Access

Location and Type of Access:

Status of Current Access:

Has Patient Had Other Access Sites?:

Secondary Diagnosis :

If Yes, Where and Why?:

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Medications

Please list name, dosage and frequency:

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Epogen? Yes r No r

Dosage Sub.q. IV

Frequency:

Hematocrit Target Range: