



REFERRAL FORM

PATIENT INFORMATION

Family Name: Date of Birth (mm/dd/yyyy):  
Middle Name: Phone Number (Home):  
First Name: Phone Number (Mobile):  
Email:

DIALYSIS CENTER INFORMATION

Dialysis Center: Facility:  
Telephone: Fax:  
Dialysis Schedule: Nephrologist:  
 MWF     TTS     Daily/Home  
Email:

CLINICAL INFORMATION

Type of Procedure Needed:  
 Angiogram/Angioplasty     Tunneled HD Catheter Insertion  
 Declot     Tunneled Catheter Exchange  
 Banding     Tunneled Catheter Removal  
 Non-Tunneled HD Insertion     Others: \_\_\_\_\_

Indication:  
 Clotted Access     Difficult Cannulation  
 Catheter Malfunction     No Longer Required HD Catheter  
 Swollen Extremities     Non-Maturing Fistula  
 Aneurysm     Prolonged Bleeding  
 Catheter Infection     Other \_\_\_\_\_

X-ray Contrast Allergy?     Yes     No  
Other Medication Allergy?     Yes     No  
Anticoagulants/Blood Thinners? (Coumadin, Plavix, Xarelto, Eliquis, or other)  
 Yes     No  
Has the patient had a surgical revision of graft/fistula in the last 4 weeks?  
 Yes     No  
A known problem with anesthesia?     Yes     No  
Competent to sign a consent form?     Yes     No

Comment:

TRANSPORTATION NEEDS

Does the patient have their own transportation?     Yes     No  
Does the patient need transportation arranged?     Yes     No  
(Patient must be accompanied or have medical transport, they will not be allowed to drive themselves)

Please attach ANY additional information including insurance, demographics, and labs.



Optimcurea Renal & Vascular Access Care  
Dr. Roger F. Carbajal-Mendoza  
Interventional Nephrology ASDIN

## PRE-OPERATIVE INSTRUCTIONS

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**Please follow the instruction/s prior to your appointment DAY of PROCEDURE:**

1. Do NOT take any sort of blood thinners for 48 hours before your procedure. (Examples include Aspirin, Coumadin, Warfarin) If you have any questions regarding your medications, please check with your primary physician, kidney doctor, and/or cardiologist.
2. Do NOT eat or drink anything 4 hours before is been to your scheduled appointment! (This is due to the possible use of sedation during the procedure)
3. Do NOT take any diabetic medication the morning of your procedure. Assistance will be provided to properly maintain blood glucose levels.
4. Please bring all of your medication with you.
5. Bring a responsible adult to accompany you after the procedure. You will NOT be allowed to drive if you are sedated during your procedure.

Note: You may experience a delay in starting your procedure. We would greatly appreciate your patience as we receive emergencies from many dialysis centers. Of course, we will keep you informed.

We know you have a choice in your healthcare and appreciate the opportunity to be part of that process. All of us at the office of Dr. Roger F. Carbajal at Optimcurea Renal thank you.

Please do not hesitate to contact our Head Nurse at 281.764.7080 Option 3. If you have any questions or concerns, please do not hesitate to contact us. Thank you so much for choosing Renal Access Clinic of Houston for your care.