

Interventional Radiology Consultation for Evaluation and Treatment of Dialysis Access

DOCTORS MEDICAL CENTER REFERRAL FORM

Patient Information

Patient Name: _____ Date of Birth: _____

Patient Phone: _____

Ordering Physician: _____

Notes: _____

Examination Request

- Hemodialysis Catheter Placement
- Hemodialysis Catheter Exchange
- Hemodialysis Catheter Removal
- Occluded Fistula or Graft

Clinical abnormality

- Difficult cannulation?
- Prolonged bleeding after access
- Upper extremity edema
- Access aneurysm
- Distal extremity ischemia
- Absent palpable or audible thrill
- Thrill displaced from the anastomosis site

- Flow less than 600 mL/min in grafts
- Flow less than 350 mL/min in fistulas
- Drop in flow velocity greater than 25% over a 3 to 4 month period
- Venous pressure ratio greater than 0.5 in grafts or fistulas
- Arterial pressure ratio greater than 0.75 in grafts
- Urea recirculation greater than 10%
- Other: _____