

Northwest Kidney Center Patient Labels Request

Instructions: Please mark your facility and then fill in the patient information below. If the patient is new, has moved facilities or expired, then please mark the appropriate box for that patient. Any questions, please call Client Services at (206) 792-3900

Auburn (AKC)	☐ Lake Washington (LWKC)) 	Snoqualmie Rid	ge (SRKC)	■ SeaKC-Home Hemo	
■ Seatac (STKC)	☐ Renton (RKC)	С	Kirlkand (KLKC)		■ SeaKC –Peritoneal	
☐ Elliot Bay (EBKC)	☐ Port Angeles (PAKC)		West Seattle (V	VSKC)	■ SeaKC-3 rd Floor	
☐ Lake City (LCKC)	☐ Scribner (SKC)		1 Enumclaw (EKC	C)	■ SeaKC-Special Care	
☐ Kent (KKC)	■ Broadway (BKC)					
Number of Pages pe	er Patient:					
Name:			Name:			
Birthday			Birthday			
Sex: M	F		Sex:	М	F	
SSN:			SSN:			
MD Name:			MD Name:			
NKC ID#:			NKC ID#:			
New Mo	ved Expired		New	Moved	Expired	
New/Changed MD			New/Changed	MD		
Name:			Name:			
Birthday			Birthday			
Sex: M	F		Sex:	M	F	
SSN:			SSN:			
MD Name:			MD Name:			
NKC ID#:			NKC ID#:			
New Mo	ved Expired		New	Moved	Expired	
New/Changed MD			New/Changed MD			