NORTHWEST
Kidney Centers
700 Broadway Seattle, WA 98122
www.nwkidney.org

Fax Transmittal

Date: _____
To: _____
Fax: _____

From: _____
Phone: _____ **Department / Unit:** _____
Fax: _____ **E-mail:** _____

Patient: _____

	Current	Recommended	Agree (☐)	Disagree/Recommend (☐)
Dry Weight			☐	
Heparin Dose			☐	
K+ (lab result)			☐	
Dialysate			☐	
Potassium			☐	
Calcium			☐	
Na Modeling			☐	
spKT/V				
Time			☐	
QB			☐	
Dialyzer			☐	
Recirculations			☐	
EPO			☐	
Hemoglobin			☐	
Zemplar			☐	
Blood Pressure			☐	
Patient No Show			☐	

Comments: _____

_____

_____

_____ _____

RN/LPN Name & Signature | Physician Name & Signature