**Notice of Change in Physician**

I have decided to change my kidney doctor (Nephrologist).

I have spoken with this doctor and they have agreed to accept me as a patient.

I am changing from:

To my new Nephrologist:

I understand Northwest Kidney Center’ staff will be confirming with the accepting doctor. Once confirmed, my dialysis care will be transferred to the new doctor.

**Signed:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Patient Name (print)x |  |  |
| 🞏 Patient 🞏 Legal Guardian/Representative 🞏 Power of Attorney |  | Date |
|  |  |  |
| Witness Name (Print)x |  |  |
| x |  | Date |
| 🞏 Translator 🞏 Reader |  | Date |

\*\*If this form is signed by someone other than the patient, there must be two witnesses:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Witness Name (Print)x |  |  |
|  |  | Date |
|  |  |  |
| **Patient Name** |  | **NKC#** |