

## Fax Transmittal

| Date:                         |        |  |
|-------------------------------|--------|--|
| То:                           |        |  |
| Fax:                          |        |  |
| From:                         | Phone: |  |
| Unit:                         | Fax:   |  |
| Transfer of Care Natification |        |  |

## Transfer of Care Notification

| Your patient                  |                           | has transferred |
|-------------------------------|---------------------------|-----------------|
| their Nephrology care from    |                           |                 |
|                               | Prior Nephrologist's Name |                 |
| to                            |                           |                 |
| Receiving Nephrologist's Name |                           |                 |
|                               |                           |                 |

Effective Date \_\_\_\_\_

This decision was confirmed with the patient (or legal representative) and the receiving Nephrologist.

If you have any questions, please contact either the patient or the receiving Nephrologist.

Thank you

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