

Fax Transmittal

Date: Click here to enter a date.

To: Click here to *enter* Name

Fax: Click here to enter fax number.

From: Click here to enter Name.

Phone: **Department / Unit:** Click here to enter text.

Fax: **E-mail:** Click here to enter text.

Number of pages including cover page: Click here to enter page count.

Comments:

Notice of Permanent Dialysis Schedule Change

Your patient Enter Patient Name has changed their permanent dialysis schedule to the following:

New Schedule: Enter New Schedule

Effective: Click here to enter a date

Thank you

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