



Mohammad Jaber, MD | Neil K Goldstein, MD  
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**STAT**    **Urgent Start**    **Optimal Start**

Date of Proposed Dialysis Start: \_\_\_\_\_

**DIALYSIS ACCESS SERVICES**

Date of Referral: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Treatment Days (select): | M | T | W | TH | F | SA |

Patient Treatment Shift (select): | 1 | 2 | 3 | 4 | Time: \_\_\_\_\_

Patient Contact #1: \_\_\_\_\_ Patient Contact #2: \_\_\_\_\_

Transportation (select): Wheelchair | Gurney Translator Needed: Y N Language: \_\_\_\_\_

Referring Unit: \_\_\_\_\_ Referring Unit Contact: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Referring MD Contact: \_\_\_\_\_

**ARTERIOVENOUS (AV) DIALYSIS**

**ORDER/CONSULT**

- Fistula Creation
- EndoAVF
- Other: \_\_\_\_\_
- Fistula Revision
- Fistulagram

**CLINICAL INDICATIONS**

*CIRCLE ALL APPLICABLE*

- | FISTULA   GRAFT                                  | RIGHT   LEFT                                | UPPER ARM   FOREARM   THIGH              |
|--|---|--|
| <input type="radio"/> Abnormal Bruit/Thrill      | <input type="radio"/> Difficult Cannulation | <input type="radio"/> Pain               |
| <input type="radio"/> Clotted Access/No Thrill   | <input type="radio"/> Low Kt/Vo             | <input type="radio"/> Hand Pain/Numbness |
| <input type="radio"/> Prolonged Bleeding         | <input type="radio"/> Extremity Swelling    | <input type="radio"/> Other/Notes: _____ |
| <input type="radio"/> High Venous Pressures      | <input type="radio"/> Pulling Clots         | _____                                    |
| <input type="radio"/> Abnormal Arterial Pressure | <input type="radio"/> Immature Fistula      | _____                                    |
| <input type="radio"/> Pseudoaneurysms            | <input type="radio"/> Poor Flow             | _____                                    |

**HEMODIALYSIS DIALYSIS CATHETER**

**ORDER/CONSULT**

- New Placement
- Removal
- Exchange
- Repair

**CLINICAL INDICATIONS**

- Infection
- Poor
- Flow Pain
- Other/Notes: \_\_\_\_\_

**PERITONEAL DIALYSIS CATHETER**

**ORDER/CONSULT**

- New Placement
- Percutaneous
- Laposcopic
- Exchange
- Repair
- Removal

**CLINICAL INDICATIONS**

- Infection
- Poor
- Flow Pain
- Other/Notes: \_\_\_\_\_

**ULTRASOUND DIAGNOSTIC SERVICES**

- Upper/Lower Extremity Vein
- Dialysis Access Conduit
- Upper/Lower Extremity Arterial
- Abdominal Aortic
- Deep Venous Thrombosis (DVT)
- Carotid Arteries
- Vein Mapping

**ADDITIONAL INFORMATION**


- ALLERGIES: \_\_\_\_\_
- OTHER NOTES: \_\_\_\_\_


Referring MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FAX REFERRAL TO 949.209.0407 WITH PATIENT DEMOGRAPHICS, RECORDS, MEDICATIONS, AND RECENT H&P  
 THANK YOU!




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**ACCEPTED INSURANCES**

*Pedes Orange County is contracted with most major health plans depending on the medical group*

**Health Plans**

- Aetna
- Anthem BlueCross
- BlueShield
- CalOptima
- CareMore
- Cigna
- Coventry/First Health
- Healthnet
- Medicare
- Molina Healthcare
- Tricare and TriWest
- United Health Care
- WellCare

**Medical Groups | IPAs**

- AltaMed
- AltaMed PACE
- American West Healthcare Solutions
- CalOptima Direct
- CalOptima PACE
- CalOptima Community Network
- CalOptima OneCare Connect
- Noble Mid-OC
- Premier IPA
- Prospect Medical (AMVI)
- Seoul Medical Group
- Village Health

**Medicare Advantage**

- Align Senior Care
- Anthem BlueCross
- BlueShield
- Brand New Day
- CalOptima OneCare Connect
- Cano Health California
- Central Health
- Care 1st
- CareMore
- Central Medicare
- Easy Choice
- Healthnet
- United Health Care

**Education | Communication | Continuity of Care**

[www.pedesorangecounty.com](http://www.pedesorangecounty.com)