Cut Here

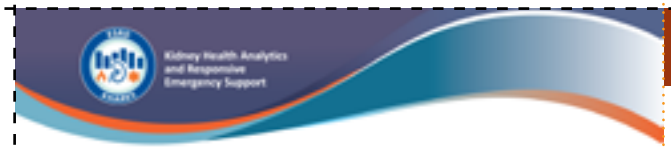
Fold Here

Cut Here

Cut Here

Cut Here

This top left panel should be facing out



I Am On Dialysis

Vital Information

Name:

Network: **Toll-Free #:**

Kidney Health Analytics and Responsive Emergency Support (KHARES)

Medication	Dose	Frequency

Pharmacy Phone:

Special Needs:

Diagnosis:

Allergies:

Personal Information

Address:

Home Phone:

Cell Phone:

Emergency Contact:

Relationship:

Emergency Contact Phone:

Nephrologist:

Nephrologist Phone:

Dialysis Prescription

Hours **Times per week**

Dialyzer:

Dailysate:

Medicare #:

Medicaid #:

Other Insurance:

Facility

Name:

Phone:

Fold Here

Cut Here

Cut Here

Cut Here