



Patient Name: _____

Date of

Birth: _____

Thank you for contacting the Dialysis Center of Lincoln, Inc. to prearrange dialysis for the above named patient. DCL has dialysis units located in Lincoln and Columbus Nebraska.

Included please find our **Visiting Patient Hemodialysis Treatment Orders, Visiting Patient Demographic Form, COVID Screening Form, Tuberculosis Risk Assessment Questionnaire** and **Visiting Patient Insurance Letter**. It is very important that these forms be **completed in full** with signatures and returned **prior** to scheduling dialysis for your patient.

The following items must also be received **prior** to scheduling:

- H&P within 1 year
- 2728 Form
- Copy of current Insurance Cards – Front & Back
- Kardex (treatment orders)
- Last 3 treatment flowsheets
- Current Medication List with Allergies
- EKG within 1 year
- PPD or Chest X-Ray within 30 days
 - ❖ PPD results or Quantiferon Gold within last 30 days
- Complete/Monthly labs (within 30 days)
 - ❖ Hgb and Hct lab result within 30days
 - ❖ Hepatitis B Labs:
 - HBsAg results within 30 days
 - Hep B Total Core results within 30 days
- Vaccination History
- Any progress notes, social work, Doctor rounding notes, dietician.....within the last 6 months
 - ❖ Other Notes regarding special clinical needs and accommodations
- Operation Reports

Please don't forget the following:

- Visiting Patient Hemodialysis Treatment Orders
- Visiting Patient Demographic Form
- Answer questions on the COVID Screening Form
- Tuberculosis Risk Assessment Questionnaire
- Visiting Patient Insurance Letter – give to patient for them to keep

DialysisCenterofLincoln.org

O St.
402.489.5339
7910 O St.
Lincoln, NE 68510

Northwest
402.438.7330
3211 Salt Creek Cir.
Lincoln, NE 68504

Southwest
402.742.8500
5355 S. 16th St.
Lincoln, NE 68512

Columbus
402.563.2139
2452 39th Ave.
Columbus, NE 68601

Home Dialysis
402.742.8500
5355 S. 16th St.
Lincoln, NE 68512