

Dialysis Patient Emergency Card

Cut out this Emergency Card and keep it with you always. Make sure you complete the card with updated information and update it regularly as information may change. This allows you, a caregiver and clinician to be aware of your dialysis needs.

DIALYSIS PATIENT INFORMATION

Name: _____

DOB: _____

Address: _____

Primary Phone: _____

Other Phone: _____

MEDICATION LIST

Allergies: _____

Medication	Dose	Frequency

DIALYSIS CENTER INFORMATION

Dialysis Unit Name: _____

Phone: _____

Emergency Hotline: _____

IMPORTANT PROVIDER INFORMATION

Nephrologist: _____

Nephrologist Phone: _____

Pharmacy: _____

Pharmacy Phone: _____

TRN: (800) 456-6919

NKF Peers Hotline: (855) 653-7337

Fold Line

To file a grievance, patients may contact:
The Renal Network
911 E. 86th Street, Suite 202
Indianapolis, IN 46240
Toll-Free Patient Line: (800) 456-6919
www.therenalnetwork.org

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