

Referred Patient Information**To:** Gaonkar Memorial Dialysis Center, Mysore

Name:		Ref No:		Age:	Gender:	Date:	
Frequency: 4 Hrs, Weekly: twice/thrice		Dialysate: Bicarb		Dialysate Flow: 500ml/min	Blood Flow: 300ml / min		
Membrane: Polysulphone		Dialyser Size: 1.3 m ²		Blood transfusion:	Lab Work up		
HIV:	HBsAg:	HCV:	Blood Group:		Date		
Heparin Dosage: 5000 IU bolous 1000 IU hourly	First HD:		Last HD:		Hb		
					Urea		
Compliance Treatment: Yes <input type="checkbox"/> / No <input type="checkbox"/>		Medication: Yes <input type="checkbox"/> / No <input type="checkbox"/>		Diet: Yes <input type="checkbox"/> / No <input type="checkbox"/>		S.Creat	
Hepatitis B Vaccination Completed Yes <input type="checkbox"/> / No <input type="checkbox"/>		Dry Weight:		Avg. wt. gain: 1 ½ - 2 kgs		Na	
						K	
Dialysis Access:		AVF Needles:				Cl	
Complications during dialysis:						SGOT	
						SGPT	
						S. Ferritin	
<u>Diagnosis:</u>					HCVRNA		
					Ca		
					Phosphorous		
Medications			Dosage		Albumin		
					Total Protein		

Nephrologist Signature, Name and Seal:

Format: AG110111-02