

Today's date: Requested procedure date: Procedure time:

Patient Name: _____ Patient D.O.B.: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Patient Phone No.: _____ (If nursing home, please indicate and use that address and phone number.)



Accredited by
The Joint Commission

Access Procedure: ● AV Fistula / ● AV Graft

Location: Right / Left Forearm Upper Arm Chest Thigh

Desired Procedure: Declot Fistulogram/Graftogram Venogram Ultrasound Vein Mapping

Other _____

Indication:

- | | | |
|---|--|---|
| <input type="checkbox"/> Clotted Access | <input type="checkbox"/> Pain | <input type="checkbox"/> Non Maturing Fistula |
| <input type="checkbox"/> High Venous Pressure | <input type="checkbox"/> Infiltration | <input type="checkbox"/> Access Surveillance |
| <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Difficult Cannulation | <input type="checkbox"/> Steal Syndrome |
| <input type="checkbox"/> Recirculation | <input type="checkbox"/> Swollen Extremity | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Low Flows | <input type="checkbox"/> Poor Labs | <input type="checkbox"/> Other _____ |

Prior Access Surgeries: _____

Catheter Procedure:

Site: Tunneled / Non-Tunneled Right / Left Chest / Groin

Desired Procedure: Insertion Catheter Change Removal Other _____

Indication:

- | | | |
|---|---|---|
| <input type="checkbox"/> Clotted Catheter | <input type="checkbox"/> Poor Function | <input type="checkbox"/> Painful Catheter |
| <input type="checkbox"/> Broken Catheter | <input type="checkbox"/> No Longer Required | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Exchange temporary catheter for permanent catheter | <input type="checkbox"/> Other _____ | |

Clinical Information:

X-Ray Contrast Allergy Yes No Reaction? _____
 Diabetic Yes No
 Home O2 Yes No
 Any Anticoagulants? Coumadin Plavix ASA Other _____

Transportation Needs:

Is the patient able to provide or arrange their own transportation? Yes No

Ambulatory Cane Walker Wheelchair Stretcher

CAC Arranged Transport: Company _____ Phone _____ Initials _____

Post- procedure Destination: Home Dialysis Clinic Other _____

Dialysis Clinic – Please complete the following information:

Dialysis Center: _____

Referred by: _____ Phone: _____ Fax: _____

Nephrologist: _____ Surgeon: _____

Competent to Sign Consent? Yes No If No, Whom? _____ Phone: _____

If the patient is confused or forgetful, a second signature is REQUIRED: _____

Some or all of the following may be required to be faxed to our office:

1. Prescription for Procedure
2. Insurance Cards
3. Pt. Demographic Sheet
4. Medication List
5. Most recent H&P

Angelo N. Makris, MD • Jonathan A. Levine, MD

Chicago Access Care • 3011 Butterfield Road, Suite 120 • Oak Brook, IL 60523 Tel: 630.990.9729 • Fax: 630.990.9730

CAC Use Only – Appointment Date/Time: _____ Pickup Time: _____ Confirmed By: _____

Chicago Access Care

Vascular & Interventional Specialists

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Pre-Procedure Instructions for the Patient

- 1 Please be NPO for the procedure (nothing to eat or drink for 6-8 hours before the scheduled procedure time.)
- 2 You may take your physician prescribed medications pre-procedure, with a small amount of water, *EXCEPT for the following blood thinners: Coumadin (Warfarin), Plavix, Aspirin and Lovenox.*
- 3 Please bring a list of all current medications with you to your appointment.
- 4 If you are taking diabetic medications – please call ahead to Chicago Access Care for specific instructions.
- 5 Please let Chicago Access Care know ahead of time if you have any known allergies.
- 6 Please bring your insurance cards with you to your appointment.



Directions to Chicago Access Care

3011 Butterfield Road • Oak Brook Promenade,
Suite 120 • Oak Brook, IL 60523
Phone: 630.990.9729 • Fax: 630.990.9730

Detail View of Oak Brook Promenade



From Chicago: I-90/-194 to I-290 West.
(Stay 2 Left Lanes). Exit I-88 West. Continue
heading West. Take exit on Highland Ave. Right
turn on Highland Ave. Take the ramp onto East Butterfield
Road. (1st traffic light). Right turn on Fountain Square Drive.

From the West: I-88 East towards Chicago. Exit Highland Ave. Turn Left on Highland Ave. Take the ramp onto East Butterfield Road. Turn Right on Fountain Square Drive.

From the NorthWest: I-355 South, exit Butterfield Road (Route 56). Turn Left (East) onto Butterfield Road and continue East. Turn Right on Fountain Square Drive.

From the South: Follow I-90/I-94 West to I-290 West. Exit I-88 West. Continue heading West. Take exit on Highland Ave. Right turn on Highland Ave. Take the ramp onto East Butterfield Road. (1st traffic light). Right turn on Fountain Square Drive.