



Centre for **Kidney** and **Urological** Care  
 Ave. De Los Tules 168-10, Las Aralias. Puerto Vallarta, Jalisco 48328  
 +52(322)293-6906 | [contact@soundialys.com](mailto:contact@soundialys.com)

## Visitor Information

Please fill out all fields in this form for visitor dialysis at Soundialys. For more information please contact us:

### PATIENT

Full Name			
Birthdate		Place of Residence	
Phone Number		E-mail	

### CURRENT DIALYSIS PROVIDER

Facility Name			
Contact Name			
Phone Number		Email	
City		Country	

### DIALYSIS PRESCRIPTION

Vascular Access	Catheter <input type="checkbox"/>	AV Fistula <input type="checkbox"/>	AV Graft <input type="checkbox"/>
Target Weight (kg)		Height (m)	
Allergies			
Dialyzer Model		Blood Flow Rate	
Dialysate Flow Rate	Conductivity		Target Kt/V
Dialysate Temp		Duration	
Heparin	Load	Load / Hourly	
Dialysate Bath		Max UFR	
Additional Notes			

### PLEASE ADJUST THE FOLLOWING MEDICAL INFORMATION WITH THIS FORMAT

<input type="checkbox"/>	Recent labs
<input type="checkbox"/>	Hepatitis B and Hepatitis C panel*
<input type="checkbox"/>	HIV Serology*

\*Within 6 months

**PLEASE FILL IN THIS FORM BY HAND**