**REFERRAL LETTER – PD CATHETER**

Date:

Name: ---------------------------------------------------- (Surgeon or Interventional Nephrologist)

Address: --------------------------------------------------

RE: **Referral for evaluation of a peritoneal dialysis (PD) catheter**

Dear Dr. -----------------:

I am referring the following patient for evaluation and placement of a peritoneal dialysis catheter.

Patient name: -------------------------------------------------------------------------------------------

Dialysis facility ----------------------------------------------------------- (*facility name*).

Enclosed you will find some information regarding this patient (i.e.: progress note, medication list, labs etc).

 As you know, dialysis catheters markedly increase the risk of patient morbidity and mortality. Please contact me you have any questions regarding this referral or if you do not feel the patient is a candidate for PD catheter placement, I can be reached at ( ) ------------------ (*physician phone number*).

Sincerely,

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*Physician name and address*