**REFERRAL Letter to a Surgeon**

###### Date

Dear Dr\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am referring (patient name) to you today for permanent hemodialysis vascular access creation. As per K-DOQI guidelines, I would prefer, if at all possible, that the patient have a native AV Fistula. This is the ideal vascular access for long-term hemodialysis.

Please evaluate the patient for an arteriovenous fistula and for pre-operative vein mapping. If you need any assistance in getting a referral for the procedure or for the mapping, please let us know.

If for some reason after evaluating and examining this patient you feel that an AVF cannot be created, please contact me by phone at (number) to discuss the situation before any access surgery has been scheduled.

Similarly, I do not wish the patient to have a central venous catheter without having a discussion with you about it first as there are many contraindications and complications associated with this type of access.

If the patient is a good candidate for an AVF, please contact (name) at my office at (phone) with the surgery details (date, time, etc.).

Should you have any additional questions, please do not hesitate to contact me.

Sincerely,

#### Nephrologist Name

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