**REFERRAL LETTER – NON-MATURING FISTULAE**

Date:

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

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

RE: **Referral for evaluation of non-maturing fistulae**

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

I am referring the following patient for evaluation with possible revision of a non-maturing fistulae which was placed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

A fistulagram (*or state other study*) was performed on (*date*) at (*place*) and is available for your review.

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 AVF salvage. I can be reached at ( ) ------------------ (*physician phone number*).

Sincerely,

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*Physician name and address*