

NKF PERITONEAL DIALYSIS (PD) CENTRE REFERRAL FORM

Attention to: Matron Noriah/SN Noraishah

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Patient's Particulars	Referring Doctor
Name :	Name :
IC Number :	Hospital :
Contact Num :	Chop & Sign
Email :	
Address :	

Indication for referral: Please tick ☒

1. Training/Retraining ☐

4. Transfer Set Change ☐

2. Exit Side Dressing ☐

5. Others ☐

3. Home Visit ☐

PD System

☐ Baxter

☐ Fresenius

☐ Lucenxia

PD Prescription

☐ CAPD

☐ APD

Volume / Bag

☐ 2 Litre

☐ 2.5 Litre

PD Regime

Concentration of Solution	Dext 1.5%	Dext 2.3% / 2.5%	Dext 4.25%	Icodextrine
Total bag/day				

Primary Concerns/Problem/History:

Please attach supporting document if available



Pusat Dialisis NKF – Rotary Damansara (location available in Google Map & Waze)

No 30 – 32, Ground Floor, Jalan PS 9, Taman Prima Selayang, 68100 Batu Caves, Selangor