Head Office
The Egyptian Medical Services Co. (EMS)
11 Ebad Al Rahman St.,
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11799 Cairo, Egypt.
Tel.: (+202) 2268 77 12/ 13
Fax: (+202) 2268 77 14
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Contact Info
The Egyptian Medical Services Co. (EMS)
Villa No. 25E, Marine Sports Club St.
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South Sinai, Egypt.
Tel.: +20 12 399 80 49
Fax: +20 12 32 888 60
E-Mail: rkelada@ems-eg.com
URL: www.ems-eg.com

Dialysis Patient's Report

Date:

Personal Data: (To be filled by the patient or the holiday dialysis agency on her/his behalf)

Surname:	First name:	DOB:
Sex:	Marital Status:	Nationality:
Tel. Home: Work:	Fax. Home: Work:	E Mail: Personal: Business:
Home Address:		
Occupation:		
Holiday Dialysis: From: To:		Duration of Stay: Week/s
Hotel:		
Dialysis Destination: ☐ Sharm El Sheikh ☐ Hurghada ☐ Cairo ☐ Alexandria ☐ Luxor ☐ Aswan		
Days of Treatment: ☐ Mon – Wed – Fri ☐ Tue – Thu – Sat ☐ Every other day ☐ Others:----------		
Dates of Treatment:		
Preferred Dialysis Shift: ☐ Morning Shift (Starting at 09:00Hrs) ☐ Afternoon Shift (Starting at 14:00Hrs) ☐ Night Shift (Starting at 20:00 Hrs)		
Type of Dialysis: ☐ HD-B ☐ HDF-B		
No. of Treatments: Treatment(s)		
Method of Payment: ☐ Cash ☐ Credit Card (ONLY VISA or MASTERCARD) ☐ Others:---------- (We don't accept the E-111 form or any other kind of Travel Cheques)		

Medical Data: (To be filled out by the patient's treating physician)

➢ Etiology of renal failure:
➢ Date of starting dialysis :
➢ Associated Medical Diseases: - - - -

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- Drug Allergy:

Dialysis related Data: (To be filled out by the patient's treating physician)

➢ No. of treatments per week:	➢ Prescribed time:
➢ Treatment type: - Conventional - High Flux - High Efficiency	
➢ Dialyzer - Type: - Surface Area: - Type of membrane:	
➢ Blood flow:	➢ Dialysate flow:
➢ Blood Pressure - Before Dialysis: - After Dialysis:	➢ Dry weight :
➢ Usual weight gain in between sessions:	➢ Usual UF rate:
➢ Dialysate Rx: -Sodium: - K+: - Chloride: - Bicarb: - Ca++: - Mg+: - Glucose: - Acetate:	
➢ <u>If the patient is treated with HDF:</u> 1- Pre or post-dilution: 2- Substitution volume: 3- Substitution rate:	
➢ Anticoagulation: - Type: - Trade name: - Bolus: - Maintenance units/ hour: - If Pump, DC hr/min. pretreatment termination	
➢ Vascular Access: - Type: - Location: - Flow Direction: - Needle gauge: - Local Anesthetic: - Vascular catheter special flush instructions:	
➢ Complications during dialysis:	
4- Medications during dialysis: - Erythropietin: - IV Iron: - Active vitamin D: - Other	

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Last lab. Results: (Date_____._____._____) (To be filled out by the patient's treating physician)

Sodium:	Potassium:	Calcium:	Phosphorus:
Creatinine:	BUN:	Hemoglobin:	Hct:
PT:	PTT:	PC:	INR:
IPTH:	Alkaline Phosphates:	Aluminum:	KT/V:
S. Iron:	Ferritin:	TIBC:	TSAT:
HBsAg:	HB Ab:	HCV Ab:	HIV Ab:
Blood Group:	Rh factor:	MRSA Status:	

Current Medications: (To be filled out by the patient's treating physician)

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Special Instructions: (To be filled out by the patient's treating physician)

Notes:

- **We do not dialyze Hepatitis B, HIV and/or MRSA positive patients as well as pediatric patients under 12 years old.**
- **Viral markers will be done as soon as the patient arrives to our clinic.**
- **Laboratory test results required from nephrologists; if not available, lab tests will be done according to EMS regulations and billed to the patient.**
- **If EPO, IV iron, active vitamin D, or any other extra medications are prescribed during the dialysis sessions, patients should acquire it from their respective hospital/clinic/dialysis unit pharmacy prior to arrival at EMS Clinic, otherwise, it will be billed to the patient.**
- **This report should be completed and signed by the attending physician.**

Physician Name: ***Signature:***