

ESRD Network # 15 Facility Information

SHIFT INFORMATION:

Number of M-W-F Patient Shifts	<input type="text"/>
MWF Open Time (24hr format)	<input type="text"/>
MWF Close Time (24hr format)	<input type="text"/>
Number of T-Th-S Patient Shifts	<input type="text"/>
TThS Open Time (24hr format)	<input type="text"/>
TThS Close Time (24hr format)	<input type="text"/>

PERSONNEL INFORMATION

MEDICAL DIRECTOR (Name, Credentials, e.g. MD): _____ UPIN #: _____
Email: _____
Address, if different from Dialysis Unit: _____

FACILITY ADMINISTRATOR: _____
Email: _____
Address if different from Dialysis Unit: _____

HEAD NURSE/ CLINICAL MANAGER (Name, Credentials (e.g. RN): _____
Email: _____

SOCIAL WORKER (name, credentials, e.g. MSW): _____
Email: _____
Address if different from Dialysis Unit: _____

DIETITIAN (name, credentials): _____
Email: _____
Address if different from Dialysis Unit: _____

FISTULA FIRST CONTACT (name, credentials): _____
Email: _____

DATA CONTACT (completes monthly Patient Activity Reports (PARs): _____
Email: _____

