

If you are feeling ill, please first contact your dialysis nurse, and in the event of an emergency, call 911 or go to the nearest emergency room.

## HOSPITAL CHECKLIST

- Photo ID, insurance, and Medicare cards
- This hospital passport, completed
- A copy of advance medical directives, such as durable power of attorney for health care and living will
- A personal health record that includes information such as allergies, health conditions, immunization record, and reports of recent tests or physical exams
- Reports your physician gave you to bring to the hospital

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## HOSPITALIZATION PASSPORT

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**MY MEDICATION LIST**

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**DIAGNOSIS:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**IMPORTANT HEALTH INFORMATION**

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**EMERGENCY CONTACT INFORMATION**

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**DIALYSIS CENTER PHONE NUMBER**

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**DOCTOR'S NAME**

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**DATE OF BIRTH**

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**PHONE NUMBER**

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**FULL NAME**

If found, please immediately contact the owner of this document using the contact information below. Otherwise, please safely discard immediately.

**CONTACT INFORMATION**