



Department of Veterans Affairs

VHA FAX TRANSMITTAL

To <b>JACINTH J. TAYLOR</b> DIALYSIS SOCIALWORKER	Fax Number <input type="checkbox"/> FTS <b>407-643-9238</b>	<input type="checkbox"/> Commercial Dialysis coord. line: <b>407-624-0651</b>	Date	No. Pages Attached
---	--	---	------	--------------------

Subject  
**Veterans Already on Dialysis and Requesting the VA to Pay**

From	Telephone Number <input type="checkbox"/> FTS	<input type="checkbox"/> Commercial
------	---	-------------------------------------

This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law.

All others are hereby notified that receipt of this fax does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you received this communication in error, please notify us immediately at the telephone number shown above. Thank you.



**U. S. Department of Veterans Affairs  
Orlando VA Medical Center  
13800 Veterans Way  
Orlando, FL 32827**

**Veteran's Name:** \_\_\_\_\_ **Last Four of SSN:** \_\_\_\_\_

The following information is included in the pages of this fax:

\_\_\_\_\_ VA Dialysis Release of Information signed by the Veteran, power of attorney or legal representative.

**\*\*\*\* Please include documentation of lack of capacity to consent** to dialysis if not signed by the Veteran

\_\_\_\_\_ POA contact information ( if Applicable) \_\_\_\_\_

\_\_\_\_\_ Rounding Report

\_\_\_\_\_ Surgery notes re: Dialysis access placement

\_\_\_\_\_ Dialysis unit caring for Veteran \_\_\_\_\_

\_\_\_\_\_ Ambulation status \*Esp. note if totally Stretcher or Wheelchair confined

\*\*If Veteran is chair or stretcher confined/ non ambulatory, please include chair times

Chair times Days TTS/ MWF Start \_\_\_\_\_ End \_\_\_\_\_