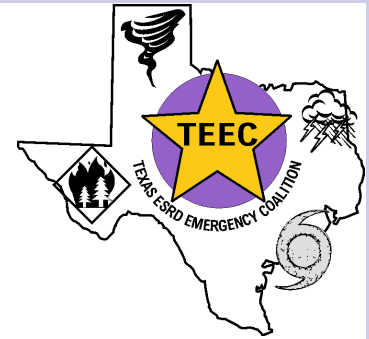


# Disaster Ready!



The End Stage  
Renal Disease  
Network Of Texas



Dear Dialysis Patient-

This flyer is being provided to you from The Texas ESRD Emergency Coalition to assist you in emergency situations. Included is vital information that you need to have in the case of an emergency and evacuation process. The back of this flyer is an area that should be filled out completely, and kept inside a waterproof bag along with your current medications in the event you have to evacuate during a disaster. If you have any questions or concerns please contact Network 14 at 1-877-886-4435.

## Important Contact Numbers

- Network 14 1-877-886-4435
- TEEC 1-866-407-3773
- DaVita 1-800-400-8331
- Fresenius 1-800-626-1297
- DCI 1-866-424-1990
- NKF 1-888-335-4363
- AKF 1-800-638-8299
- FEMA 1-800-621 3362
- National Emergency Family Registry and Locator System 1-800-621 3362

## Things to Remember

- Put on purple wrist band
- Take all medications
- Your 3 day disaster diet foods
- Inform emergency contact person and facility of your evacuation plans
- Contact your dialysis provider to arrange alternative treatments if possible
- Plan ahead!! A disaster often happens without warning and having a plan in place will save you time and possibly your life.

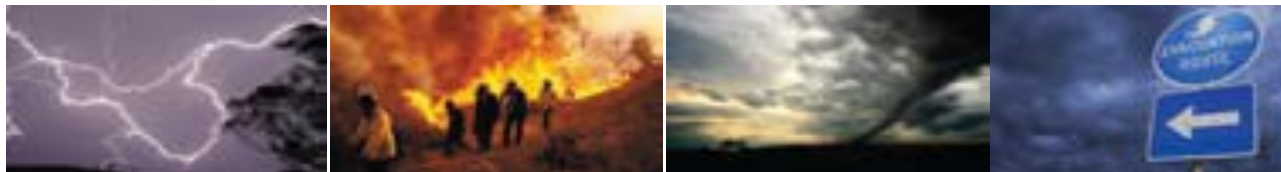
# I am a dialysis Patient.

## Vital Information

\_\_\_\_\_  
*Name*

Network: 14

Toll-Free #: 1-877-886-4435



### Personal Information

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_

Emergency Phone: ( ) \_\_\_\_\_

Nephrologist: \_\_\_\_\_

Nephrologist Phone: ( ) \_\_\_\_\_

### Dialysis Prescription

\_\_\_\_\_ Hours \_\_\_\_\_ X / Week

\_\_\_\_\_ Dialyzer

\_\_\_\_\_ Dialysate

Other Insurance: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

### Dialysis Unit

Provider Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

### MEDICATIONS

Medication	Dose	Frequency
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pharmacy & Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_