

# Zong-He clinic Referral Form

|                               |   |                       |
|-------------------------------|---|-----------------------|
| Name                          |   | Male / Female         |
| Date of Birth                 |   | Nationality:          |
| Telephone Number              |   | E-mail:               |
| Address                       |   |                       |
| Address in Taiwan             |   |                       |
| Telephone in Taiwan           |   |                       |
| Arrival Date                  |   | Departure Date        |
| Referring Unit Name           |   |                       |
| Referring Unit Information    | Address:<br>Tel:  | E-mail:<br>Fax:       |
| Dialysis time                 | Mon, Wes, Fri AM07-11 · PM12-16 · PM17-21<br>Tues, Thu, Sat AM07-11 · PM12-16 |                       |
| Schedule date                 | Day.Month.Year(Day of the week)   |                       |
| History of Hepatitis          | HBsAg · HBeAg · anti-HBs · anti-HCV   |                       |
| Target Dry body weight:       | Kgw · Dialyzer:   | · Duration hrs        |
| Blood Flow Rate(Qb):          | ml/min · Composition of Dialysate:  |                       |
| Usual Blood Pressure          | /   | mmHg                  |
| Heparin Rinse:                | u · Loading:  | u · Maintenance: u/hr |
| Low molecular weight heparin: | u   |                       |
| Blood Type/Rhesus group:      | · Allergies:  |                       |
| Current Medication List:      |   |                       |
| Special needs:                |   |                       |

We will contact your dialysis unit after received FAX or E-mail with document.  
Wish you have a fulfilling travel.

Zong-He clinic  
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