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Patient Brochures Re-Order Form

Please indicate in the space provided, the number of brochures desired (Max - 25 each). Due to a limited quantity, orders are filled on a first come first serve basis. You may download brochures* or this order form from our website at www.heartlandkidney.org/community. Fax or mail request to the appropriate address below, please allow 4-6 weeks for delivery.

Mail to:

Heartland Kidney Network
7306 NW Tiffany Spring Pkwy, Suite 230
Kansas City, MO 64153
Attention: Community Information and Resources

Fax to: 1-816-880-9088

Attn: Community Information and Resources

___ **Advanced Directives**

___ **Anemia (*Only Available Online)**

___ **Are You Getting Enough Dialysis?**

___ **Caring For & Developing Your New Fistula**

___ **Complaints and Grievances**

___ **Diabetic 3-Day Emergency Diet**

___ **Dialysis & Depression**

___ **Dialysis Facility Compare**

___ **Doppler Studies & Vessel Mapping**

___ **Emergency & Disaster Planning**

___ **Fistula Complications**

___ **Fluid Control (*Only Available Online)**

___ **Kidney Transplantation (*Only Available Online)**

___ **Medicare Part D**

___ **Modality Options**

___ **Non-Diabetic 3-Day Emergency Diet**

___ **Patient Advisory Committee**

___ **Understanding Your Labs**

___ **Vaccines: The "FLU", Pneumonia & Hep.B**

___ **Vocational Rehab Resources**

___ **What Is An ESRD Network?**

___ **What is "Dry Weight"? (*Only Available Online)**

___ **Your Rights & Responsibilities**

___ **Complaints & Grievance Poster**

___ **Fistula First Poster**

___ **Network Poster**

___ **Patients Rights & Responsibility Poster**

___ **Other : _____**

Facility Provider Number _____ (6 digit number beginning with 16 for IA, 17 for KS, 26 for MO, and 28 for NE)

Facility Name/ Nephrology Office _____

Your Name _____ Title _____ Email (required) _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Date _____