



NORTHWEST RENAL NETWORK

Free Educational Materials

Northwest Renal Network is a non-profit organization funded by a federal contract with the Centers for Medicare and Medicaid Services (CMS). Our focus is to promote quality dialysis and transplant care for kidney patients in Alaska, Idaho, Montana, Oregon and Washington.

The Network maintains a library of **OVER 100 RESOURCES** and information for kidney patients.

You may access most of the educational materials on our Web site at www.nwrenalnetwork.org under "For Patients."

If you would like to request us to mail you a copy of the materials, you may use the form on the back and send it to us by mail or fax:



Northwest Renal Network
4702 – 42nd Ave SW
Seattle, WA 98116
Fax: 206-923-0716



In addition to providing educational materials, the Network works with dialysis and transplant centers to improve quality of care, assist patients with concerns and complaints, and collect data for CMS.

Please contact us if you need assistance or just have a question.

Patient Toll- Free Number for Northwest Renal Network:
1-800-262-1514

This document is published by Northwest Renal Network (ESRD NW#16) under contract #HHSM-500-2006-NW016C with the Centers for Medicare & Medicaid Services. The contents of this document do not necessarily reflect CMS policy.

Educational Material Request Form

Mail to: Northwest Renal Network, 4702 - 42nd Ave SW, Seattle, WA 98116
Or fax: 206-923-0716

| PLEASE SELECT TOPICS OF INTEREST (Please limit to 5 topics) | | | |
|---|--|--------------------------|------------------------------|
| <input type="checkbox"/> | Adequacy (Getting Enough Dialysis) | <input type="checkbox"/> | Immunizations (Why and When) |
| <input type="checkbox"/> | Advance Directives (Living Wills, etc.) | <input type="checkbox"/> | Medicare |
| <input type="checkbox"/> | Anemia | <input type="checkbox"/> | Medicare Part D |
| <input type="checkbox"/> | Bone Health | <input type="checkbox"/> | Northwest Renal Network |
| <input type="checkbox"/> | Caregivers | <input type="checkbox"/> | Nutrition |
| <input type="checkbox"/> | Chronic Kidney Disease | <input type="checkbox"/> | Patient Rights |
| <input type="checkbox"/> | Coping & Depression | <input type="checkbox"/> | Pediatric Patients |
| <input type="checkbox"/> | Diabetes & High Blood Pressure | <input type="checkbox"/> | Peritoneal Dialysis |
| <input type="checkbox"/> | Dialysis Facility Compare | <input type="checkbox"/> | Rehabilitation |
| <input type="checkbox"/> | Emergency Preparedness | <input type="checkbox"/> | Self-care |
| <input type="checkbox"/> | Exercise | <input type="checkbox"/> | Special Populations |
| <input type="checkbox"/> | Financial Concerns | <input type="checkbox"/> | Transplant & Organ Donation |
| <input type="checkbox"/> | Hemodialysis | <input type="checkbox"/> | Travel |
| <input type="checkbox"/> | Home Hemodialysis (ex. Daily, Nocturnal) | <input type="checkbox"/> | Vascular Access |

CONTACT INFORMATION

Available only to residents of Alaska, Idaho, Montana, Oregon, and Washington.

MY NAME _____ **PHONE** _____
STREET _____
CITY _____ **STATE** _____ **ZIP** _____

I AM Hemodialysis PATIENT Peritoneal Dialysis PATIENT
 Transplant PATIENT
 FAMILY OF A PATIENT OTHER