

Name _____



Nephrology Procedures

28. Please check any of the following procedures that you perform in your practice:

None of the following apply to my practice. _____(please initial)

- Percutaneous Kidney Biopsy
- Temporary Vascular Access for Hemodialysis (non-tunneled catheter placement)
- Cuffed Tunneled Catheter Placement
- A/V Fistula
- A/V Graft
- Fistula and Graft Declotting Procedures
- Placement of Permanent Peritoneal Dialysis Catheters

Other Procedures

- _____
- _____
- _____
- _____