

## Dialysis Flow Sheet

<b>Name &amp; Address</b>				<b>Address &amp; Contact Details of the medical facility</b>		
				<b>Insurance provider details</b>		
<b>Date</b>	<b>Blood Pressure at Start</b>	<b>Weight at Start</b>	<b>Fluid Removed</b>	<b>Ending Blood Pressure</b>	<b>Ending Weight</b>	<b>Notes / Comments</b>
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