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### Patient Brochures Re-Order Form

Please indicate in the space provided, the number of brochures desired (Max - 25 ea). Due to a limited quantity, orders are filled on a first come first serve basis. Or you may reprint brochures/this order form from our website at [www.heartlandkidney.org](http://www.heartlandkidney.org). Fax or mail request to the appropriate address below and allow 4-6 weeks 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
- 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
- Kidney Transplantation
- 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"?
- 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 \_\_\_\_\_