

**Attach patient label or fill in below:**

**Patient Name:**

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**Patient PHN:**

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**Patient DOB:**

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**INSTRUCTIONS TO PHARMACIST:**

This patient has chronic kidney disease (CKD).

**Please place this exact alert in the  
Clinical Condition field in Pharmanet:  
“Chronic Kidney Disease—  
consider renal dosing.”**

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Name (print) and discipline

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Phone

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Signature

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Date