End-Stage Renal Disease Network of New York
1979 Marcus Avenue
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(516) 209-5578
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Improving Healthcare for the Common Good®

List of Patient Advisory Committee Representatives

Facility Name:_____ Provider #/CCN: ___-_____

Address:_____

Name(s) of Social Worker(s): _____

Contact Phone Number: _____E-mail:_____

❑ **Add OR** ❑ **Delete** (if removing, why?)_____

Name of PAC representative: _____

Address: _____

Phone Number(s): _____

Modality/Day/Shift: _____

E-mail: _____

❑ **Add OR** ❑ **Delete** (if removing, why?)_____

Name of PAC representative: _____

Address: _____

Phone Number(s): _____

Modality/Day/Shift: _____

E-mail: _____

❑ **Add OR** ❑ **Delete** (if removing, why?)_____

Name of PAC representative: _____

Address: _____

Phone Number(s): _____

Modality/Day/Shift: _____

E-mail: _____

Please make copies of this blank form for future use to keep the Network posted of changes with your PAC representatives including telephone numbers and addresses.

FAX TO: (516) 326-8929