



To be completed by your current dialysis social worker

Renal-Di, Inc.
Non-Profit 501 (c) 3

Renal-Di is a 501 (c) (3) nonprofit organization dedicated to provide food and resources to patients who are currently on dialysis. Deliveries are done on Sundays only.

Patient Information

Name: _____

Date of birth: _____ Phone number: _____

Delivery Address: _____

Qualifying medical conditions: _____

Legal release: I hereby grant permission to Renal-Di to use my photograph in any publication, website, invitations, without any monetary compensation or recognition given to me.

Signature _____ Date: _____

Waiver: I accept full responsibility and liability for any and all potential harm resulting from an allergic reaction associated with this service.

Name: _____ Date: _____

Signature: _____

