



**Commonwealth Healthcare Corporation**  
**Commonwealth of the Northern Mariana Islands**  
 1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



**Dialysis Unit**

**TRANSFER REQUEST TO CHCC DIALYSIS UNIT**

Date \_\_\_\_\_

To Whom It May Concern:

This letter is to certify that \_\_\_\_\_ wishes to transfer to  
 Commonwealth Healthcare Corporation- Dialysis Unit.

Their location and/or shift time is more convenient, and better suited to my needs. Please prepare the documents needed for patient transfer.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Nephrologist

\_\_\_\_\_  
 Date