

McLAREN FLINT
Flint, Michigan

CONSENT FOR HEMODIALYSIS

I request and consent to Hemodialysis (treatment with the artificial kidney) machine for:

Name of Patient: _____

Under the supervision of:

Name of Nephrologist: _____

The necessity for and nature of hemodialysis has been explained to me fully, and I have had ample opportunity to question my physician. I understand that hemodialysis is not always successful, and that certain known and unknown side effects may occur due to hemodialysis which may include, but are not necessarily limited to: effects of rapid fluid loss, arteriovenous fistula complications, needle puncture for dialysis, temporary access catheter (insertion of a catheter in the shoulder or groin when no other access is available), or mechanical difficulties.

Patient signature: _____ Date: ____ / ____ / ____

Other person authorized
to sign for patient: _____ Date: ____ / ____ / ____

Witness signature: _____ Date: ____ / ____ / ____



PT.

MR.#/P.M.

DR.