



Patient ID: \_\_\_\_\_ 0  
Patient Name: \_\_\_\_\_ 0

## Unscheduled Hemodialysis Letter of Consent 臨時血液透析同意書

Today, as conditions for receiving unscheduled hemodialysis at Makiminato Chuo Hospital, I agree

- prior information you obtained from one of my attending physician is information about me;
- to follow the instructions of the medical doctors and nurses of your hospital; and
- if emergency medical treatments other than hemodialysis treatment are needed during hemodialysis, I am responsible for payment of the cost of such medical care including the cost of hemodialysis.

I understand depending on my physical condition and the dialysis condition, this unscheduled hemodialysis to be performed today may cause the following:

- Change in blood pressure
- AV fistula trouble
- Disequilibrium syndrome
- Arrhythmia
- Other complications and adverse reactions associated with hemodialysis

Shall emergency treatments are required during the course of hemodialysis, including emergency PTA for AV fistula trouble, insertion of a double-lumen catheter, and shunt reconstruction; and emergency pacemaker insertion for severe arrhythmia and resuscitation for intractable shock (such as ventilator insertion, cardiac massage, and use of AED), I agree to accept such treatment(s) under the appropriate judgment of the physician.

Today, I understand the unscheduled hemodialysis I receive at your hospital is performed under the above conditions and I consent to receive treatment.

\_\_\_\_\_  
Patient name (Print)

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date