

医療法人財団博仁会  
キナシ大林病院  
Kinashi Obayashi Hospital  
Hakujin-kai Medical Corporation Foundation

## Letter of Consent

Today, as conditions for receiving unscheduled hemodialysis at your hospital, I agree

- that the prior information you obtained from one of my attending physicians is information about me [patient's name];
- that I will follow the instructions of the medical doctors and nurses of your hospital/clinic; and
- that if emergency medical treatments other than hemodialysis treatment are needed during hemodialysis, I pay the cost of such medical care other than hemodialysis by myself.

Depending on your physical condition and the dialysis condition, this unscheduled hemodialysis to be performed today may cause the following:

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

I agree to pay by myself the costs of the following treatments that are performed under the consent given before treatment: emergency PTA for shunt 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).

Today, I understand that the unscheduled hemodialysis I receive at your hospital is performed under the above conditions and consent to receive the treatment. In addition, I consent to receive appropriate treatments if a need arises to perform emergency treatment during hemodialysis.

The letter of consent shall be prepared in Japanese and English, and both versions shall be equally effective. In cases where the above-mentioned versions of the letter of consent in two languages do not agree, the Japanese version shall take precedence.

Date

Name \_\_\_\_\_