

McLaren Print System Order

Order No: 6502
Order Date: 2014-10-16
User: Harold Johnson
Phone: 22175

Ship Location: McLaren Flint/Dialysis
401 South Ballenger Highway
Flint, Michigan 48532

Forms

Quantity: 500
Paragon Dept No: 44010
Dept Name: Dialysis
Company Number: 60

Order Total Price: 58.50

Item Number: M-17313
Item Description: Consent for Hemodialysis
Revision Date:
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:

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: ____/____/____

CONSENT FOR
HEMODIALYSIS
M-17313-01



8500
