

**McLaren Print System Order**

**Order No: 6657**  
**Order Date: 2014-10-22**  
**User: Rachel Prashaw**  
**Phone: 22709**

**Ship Location: med rec**  
**401**  
**flint,**

**Forms**  
**Quantity: 100**  
**Paragon Dept No: 91500**  
**Dept Name: him**  
**Company Number: 60**

**Order Total Price: 12.20**

**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: 5 Hole Top 3 Hole Side**  
**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-17313-00


