

## PATIENT CONSENT

1. I, have been fully informed by, \_\_\_\_\_ M.D., of the surgical and medical  
(Referring Doctor)  
procedures and the problems and risks involved with haemodialysis.
2. I understand that haemodialysis involves, among other things, the insertion of needles into my veins and the use of artificial kidneys to filter my blood.
3. I understand that Dialysis Management Clinics Inc., is an out patient facility and that only Level One patients, as outlined by the Ministry of Health, may be dialysed in these facilities. In the event that I am no longer a suitable candidate for this facility, I recognise that I will be transferred back to the referring hospital.
4. I hereby authorize and direct DR. P.Y. TAM/DR. B.NATHOO and/or assistants or associates of his choice to perform upon me haemodialysis and/or any other therapeutic procedures that their judgement may dictate to be advisable for my health and well being.
5. This consent is for repeated haemodialysis treatment, and as such will be deemed effective for all treatments received by me unless this consent is expressly revoked by me. However I understand that chronic haemodialysis is a costly medical treatment which is not readily available and that neither my physician nor this dialysis facility can guarantee to me the continuous availability of haemodialysis treatment.
6. I acknowledge that I have read the above consent and all other information regarding my dialysis treatment at Dialysis Management Clinics, Inc. (also known as DMC) and that no guarantees have been made to me concerning the results of this medical treatment.
7. I also acknowledge that my treatment schedule may be altered from time to time and that no guarantee of a schedule has been made to me.

PATIENT SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(DMC REPRESENTATIVE)