

Dialysis Management Clinics Inc.

To whom it may concern:

I, _____, understand that the dialysis spot
(patient name)

offered to me at Dialysis Management Clinics, _____
is a temporary spot. I agree that, my times and days may change based on spots available
at the clinic. I also agree that, as a temporary spot, I may have to return to my home
(referring) hospital if necessary.

I understand and agree that once a permanent spot becomes available I will accept that
position. If I desire another day or time I will inform the management and I will be placed
on a waiting list for this spot.

Your signature on this form indicates that we have discussed this with you and you have
read and understand the space availability and the difference between temporary versus
permanent spot.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Your first treatment is tentatively booked for: _____

Your temporary schedule is then:

