



Government of West Bengal
Department of Health and Family Welfare

CONSENT FOR HAEMODIALYSIS

...been explained the nature of disease (Acute Renal Failure / Chronic Renal Failure / RPRF) and need for Hemodialysis involves passage of blood through an artificial Kidney which cleans the blood. The blood from the body is taken out through A.V. Shunt / A.Fistula / Femoral Catheterization / Internal Jugular Catheterization / sub-clavian Catheterization. The procedure lasts from 3 - 5 hours.

...been told about the need of blood or blood products and the risk involved. I wish to receive blood and / or blood products if it is necessary. Hemodialysis may have to be postponed or interrupted for reasons, beyond our control viz machinery failure or breakdown etc. The procedure and above complications have been explained to me in my own language (i.e.) by I have understood the procedure and complications, to my full satisfaction. I hereby give unreserved consent for Hemodialysis to be performed / supervised by Doctor (s) and / or nurses and / or other technical people of the unit.

...understood above all in my own language. Knowing the serious state of my patient I am giving the consent for Dialysis Catheter insertion and initiation of Dialysis. The authority will not be liable if patient died during insertion of Dialysis Catheter and / or during dialysis.

Signature of Pt. / Guardian..... Nisheta K. Chakrabarty
Relationship of guardian to Pt..... son
Signature.....
Name..... son
Witness / Nurse Signature.....
Name..... son

Patient's Satisfaction Report

Name of patient.....
Address..... Vill - Diki Badalpur, P.O - Badalpur, P.S - Sabang Dist - Paschim Medinipur
Age..... 52 (Years) Sex.....
Phone..... 9641660290
Mobile.....
Name of referring Hospital.....
Whether satisfied with the service : Yes / No (Please tick your opinion)
If dissatisfied say the reason (s).....
Suggestion (s) If any :

Date..... 30-05-2019

Date..... 29.05.19

Date..... 29.05.19

Shidham ch
Signature of Pat.....

Signature of Patient.....

Signature of Patient.....