...nd our
...n explained to
...have understood the
...nsent for Hemodialysis to be
...eople of the unit.

...e serious state of my patient I am giving the consent
... The authority will not be liable if patient died during insertion

...Pt. / Guardian.....Witness / Nurse Signature.....

Relationship of guardian to Pt.....Name.....

Dr. Signature.....

Patient's Satisfaction Report

Name of patient.....Age. 64. ...ears) Sex M

Address. vill:- Rakhia, P.O:- Sabang. P.S:- Sa...Mobile. 0629750...

Phone.....

Name of referring Hospital.....

(i) Whether satisfied with the service : Yes / No (Please tick your opinion)

(ii) If dissatisfied say the reason (s).....

(iii) Suggestion (s) If any :.....

Date. 15/5/19.

Signature. Dubriya.

10/10

.....

Signature of Patient / Party