Required patient consent

Dear patient,

Your kidneys are no longer working properly, and you need kidney function replacement therapy.

The purpose of this communication booklet is to enable us to contact:
- the home front
- the family
- the residential care centre
- the home nurse.

In order to provide you with the best possible care, it is sometimes necessary to exchange information that is important for your health or to include medical information in your booklet.

All the information exchanged here is only used within the dialysis centre.

By signing this document, you confirm that you have been informed and that you have consciously and freely given your prior consent for the required information to be exchanged through this booklet now and in the future.

Date Place

Signature

azdelta
Uw ziekenhuis.

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