

Forms and Attachments/Clinical Dialysis

Against Medical Advice Form

Patient: _____ Date: _____ Time: _____

I have discussed with NKC staff the decision or action noted below:

The nurse has explained the following possible risks of this action to me:

I understand this decision and its risks. I release NKC of all responsibility for my decision or action and the possible risks.

Name (Print): _____

Signature: _____ Date: _____

Patient Legal Guardian/Representative Power of Attorney

Witness (Print): _____

Signature: _____ Date: _____

Other: _____

Signature: _____ Date: _____

Translator Reader