

Turkish Kidney Foundation
Ahmet Ermis Dialysis Center

Authorization For Dialysis Treatments

I hereby authorize the physician in charge of the care of the undersigned patient to carry out such diagnostic procedures to administer such dialysis treatments, femoral catheterizations and intravenous medications.

Date :

Signed (Patient) :

Witness* :

Signed (Witness) :

Attending Physician :

Signed (Physician) :

**Nearest of kin and relationship*