

Statement

- Treatment provided by the clinic

- Dialysis treatment does not exceed 6 hours (the final treatment shall complete by 22:30).
- Dialysis treatment only uses medicine and equipment acknowledged by the clinic.
- The clinic only uses D2.75 type dialysis solutions

① <Description of D2.75 type dialysis solutions> (mEq/L)						
Na+	K+	Ca++	Mg++	HCO ₃ ⁻	CH ₃ COO ⁻	Glucose
140.0	2.0	2.75	1.0	25.0	10.0	100.0

Source: Product information

- The clinic does not use other medicine or solutions for the dialysis treatment. The clinic only provides treatment with different medicine or solutions when the patient requested or the treatment at the home country of the patient requires so. The clinic bears no responsibility for any sudden change or emergencies occurred from the usage of different medicine or solutions requested by the patient. Different medicine and treatment are at additional cost.
- The clinic staff manually measure the blood pressure of each patient during the dialysis treatment every hour.
- There are on-site staff at each treatment room at the clinic.
- The clinic accepts patients during operating hours as long as there are vacant bed units.
- Meeting time between the patients and the patient`s family/companion at the bedside shall be no more than 10 minutes per patient.

- Emergency

- Patients shall follow the order and advice from the clinic staff when any sudden change or emergencies occur during the treatment.
- Extra medicine and treatment resulted from any emergencies are at additional cost.

- Languages

- The clinic can provide services in multiple languages, please contact the clinic should you inquire services in foreign language.
All doctor advices, treatment results, and information in foreign language are

for reference only, should there be any difference between Japanese and the foreign language, the Japanese information would prevail.

- Fees

- 35,000 JPY (tax included)

Each general dialysis treatment is 35,000 JPY (tax included), additional medicine and treatment are at additional cost.

I hereby acknowledge that I have read, understand and agree to the terms of this statement.

Signature: _____