## Statement

<ul> <li>Treatment provided by the cli</li> </ul>	ini	lini	c1	the o	hv	provided	Treatment	
---	-----	------	----	-------	----	----------	-----------	--

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

① < Description of D2.75 type dialysis solutions $> (mEq/L)$						
Na+	K+	Ca++	Mg++	HC03 -	CH3COO-	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.
E	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

## Languages

cost.

 $\square$  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
☐ 45,000 JPY (tax included)
Each general dialysis treatment is 45,000 JPY (tax included), additional
medicine and treatment are at additional cost.
$\square$ If dialysis is started after 5:00 p.m., an additional fee of 10,000 yen is
required.
I hereby acknowledge that I have read, understand and agree to the terms of this
statement.
Signature: