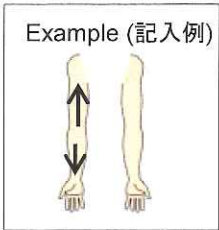


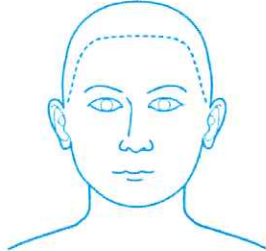


## Patient Information Sheet

\*Please ask your doctor to fill out this sheet in English.

Identification Data			
Date of filling out MM/DD/YY(月/日/年)	(M) /	(D)/	(Y)
Patient Name (患者名)			
Date of Birth MM/DD/YY(月/日/年)	(M) /	(D)/	(Y)
Hospital (病院名)			
Referring M.D.			
Tel		Fax	
ESRD Diagnosis (原病名)			
Allergies (アレルギー)	Yes / No	If yes, please list your allergies.	
Date of transfusion within 6 months (6ヶ月内の輸血)	Yes / No	If yes, please date of the transfusion.	
Date Dialysis Initiated (透析導入日)	MM/DD/YY(月/日/年)		
Latest Date dialysis (最終透析予定日)	MM/DD/YY(月/日/年)		
General Treatment Information			
Medications: PO (投与薬とその量)			

Dry weight (基体重)	(Kg)		
Vascular access	<input type="checkbox"/> Arteriovenous fistula (AVF) <input type="checkbox"/> Arteriovenous graft (AVG) <input type="checkbox"/> Subcutaneously fixed superficial artery <input type="checkbox"/> Catheter		
Hours per Treatment	(HRS)	Days per week	/a week
Dialyzer (透析器)		Dialyzer Surface Area (透析膜の面積)	(m <sup>2</sup> )
Dialysate (透析液)		Needle size (針)	
Usual UFR/ TMP	(ml/ min)	(mm/ Hg)	
Initial Heparinization (初ヘパリン使用量)	(U)	Hourly Dose (持続ヘパリン量/時)	
Quantity of blood (血流量)	(ml/min)		
Blood Pressure (血圧)	Pre (透析前): (mmHg)		Post(透析後): (mmHg)
Puncture directions	<div style="display: flex; align-items: center; gap: 20px;"> <div style="border: 1px solid black; padding: 5px;">           Example (記入例)   </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 10px;">R/右</div>  </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 10px;">L/左</div>  </div> <div style="border-left: 1px dashed black; width: 1px; height: 100%;"></div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 10px;">R/右</div>  </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 10px;">L/左</div> </div> </div>		
<b>Unusual Events/ Problems During Dialysis and Comments (特記事項)</b>			
Others	<div style="border: 1px solid black; height: 100px;"></div>		
Doctor's signature			

**Please send the following documents by attachments as well as this form.**

A certificate which shows test results of hepatitis B / hepatitis C / HIV virus

※A certificate of test results you provide has to be issued within 90 days prior to the dialysis date.

WE MUST HAVE ALL OF THE ABOVE VALUES BEFORE ACCEPTING THE PATIENT.