

## I. Certification on the Diagnosis and Management of Chronic Kidney Disease - (CKD) stage 5

The is	undersigned hereby certifies that <u>(National Automotion</u> )		econdary to ( <u>if applicable</u>
	viously known as End stage renal disea ne following laboratory results/findings:	<u> </u>	nical signs and symptoms as supported
	Particulars	Laboratory Result (s)	Date Performed
1	Estimated Glomerular Filtration Rate: mL/min/1.73m <sup>2</sup>		
2	Creatinine Level: mg/dL		
3	Other Findings:		
Reco	ommendation:		
the	ve explained the nature of the disease to patient may choose from namely: hem hanics as to how each RRT works, as we (Signature over printed name of the nephrologist or interest.)	odialysis, peritoneal dialysis or kidney ell as the advantages and disadvantag	transplantation. I have explained the
	(Accreditation Number)		
	(PRC License Number)		
	(Date Signed)		
	II. Informed Consent	to Undergo Renal Replacem	ent Therapy (RRT)
	reby attest that my doctor explained thits necessity.	ne disease to me as well as the differ	ent renal replacement therapy options
I, wi	th my full knowledge on the modes of F	RRT, intend to undergo (tick the appro	priate box)
	Peritoneal Dialysis		
	Hemodialysis		
	Kidney Transplantation		
	Others		
	(Signature over printed name of the patient)		
	(PhilHealth Identification Number)		