

## CERTIFICATION OF THE INSTALLATION OF A KIDNEY DIALYSIS MACHINE

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Date:

Name of Hospital:

Address of Hospital:

This is to certify that the following were the minimum essential changes required to the home of \_\_\_\_\_ (*name of patient*) at \_\_\_\_\_ (*address*) in order to enable the hospital staff to install an artificial kidney machine. The machine is maintained and supervised by this hospital and is under the direct control of the undersigned.

Brief description of changes or improvements required:

Alterations to the building:

Improvements to the electrical system:

Improvements to the plumbing system:

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Director of Dialysis