

DATE.....

**Confirmation from your dialysis doctor, who proved you are suitable for Limited Care.**

Mr./Mrs. .... is suitable for dialysis LIMITED CARE.

**Please indicate the risk of the patient :**

No risk  Low risk  Medium risk  High risk

**Signature and Rubber Stamp**

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Elaborato da WBR Lana data 01/01/2020 Alex Losa Doc 3	Aggiornamento eseguito da: WBR Lana data 09/09/2020 Alex Losa
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