



- A. Certain drugs have additional special side effects that were not mentioned above, such as: allergic reactions, damage to the heart muscle, lung damage, kidney damage, impairment of hearing, nerve damage, impairment of fertility and various skin disorders. **In children** – delayed growth and development, and retention of fluid.
- B. Chemotherapy injected into the spinal canal may cause brain damage.
- C. There is a rare possibility of the occurrence of a secondary malignancy as a result of the chemotherapy.
- D. Drug combinations may have unique side effects or may enhance other side effects.
- E. In rare cases, the side effects may be particularly severe, and even end in death.
- F. Treatment of the side effects may necessitate hospitalization.

I hereby give my consent to perform the primary treatment.

I know and agree that the treatment and any other procedure will be performed by any designated physician, according to the hospital/center/clinic/unit/department's procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the standard degree of responsibility and in accordance with the law.

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Date	Time	Patient Signature
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Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)
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I hereby confirm that I have given the patient / the patient's guardian\* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

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Name of Physician	Physician Signature	License No.
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\* Cross out irrelevant option.