

## Consent Form - Surgery (הסכמה לניתוח)

מדבקה

Following the detailed verbal explanations provided to me by Dr. \_\_\_\_\_  
Last Name First Name

about the need to undergo surgery:

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Diagnosis:

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Including the expected results, the risks and the possible alternative treatment methods under the circumstances of the case, including the prospects and risks involved in each of these procedures and the tests and treatments involved,

I hereby give my consent to carry out the aforementioned surgery at the hospital (hereinafter - the main operation).

It has been explained to me and I understand the possibility that during the primary operation the need to extend or modify the operation, or perform additional or different procedures - may arise, including additional surgical procedures that cannot be fully or definitely predicted at this time, but their significance has been made clear to me. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including surgical procedures, which the hospital physicians deem essential or necessary during the main operation.

My consent is also given to anesthesia, whether general or local, if necessary according to the judgment of the treating physicians.

An explanation of the anesthesia will be given to me by an anesthesiologist.

