

It has been clarified that contrast medium containing iodine is used during the test and I hereby declare that I am not aware of any sensitivity to iodine or any other allergic reaction in the past.

I hereby give my consent to perform the primary treatment.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary treatment the need to extend or modify the operation or to perform additional or different procedures may arise in order to save my life or prevent physical harm, including additional surgical procedures that cannot be fully or definitely predicted at this time but whose significance has been made clear to me and, therefore, I also give my consent to such an extension, modification or performance of different or additional procedures, including additional surgical procedures, which the institution's physicians deem essential or necessary during the primary treatment.

I hereby also give my consent to the administration of local anesthesia after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and possible reactions to the sedatives, which may, in rare cases, cause respiratory disturbances and disturbances in the heart's activity, particularly in patients with respiratory or heart diseases.

If the decision is made to perform the operation under general or regional anesthesia, I will be given an explanation concerning the anesthesia by an anesthesiologist. I know and agree that the primary treatment and any other procedure will be performed by any designated physician, according to the institutional 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 institution's standard degree of responsibility and in accordance with the law, and that the person in charge of the procedure will be *

Date	Time	Patient Signature
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I hereby confirm that I have given the patient a detailed oral explanation of all the above-mentioned facts and considerations as required, and that she has signed the consent form in my presence after I was convinced that she fully understood my explanations.

Name of Physician	Physician Signature	License No.
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* Fill in case of private physician.