

time but whose 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 additional surgical

procedures, which the institution's physicians deem essential or necessary during the primary treatment or immediately following it.

I hereby also consent to the administration of sedatives and local anesthesia after having been told that the use of sedatives may cause, in rare cases, respiratory disturbances and disruption of the heart's activity, especially in patients with cardiac and respiratory diseases, and that there is a possible risk of various degrees of allergic reactions to the anesthetic drug.

I know and agree that the primary treatment and any other procedure will be performed by any designated surgeon, 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.

Date	Time	Patient Signature
Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)	

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.

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