



local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and the possible reactions to the sedatives, which may, in rare cases, cause respiratory disturbances and disturbances in the heart's activity, particularly in patients with heart disease and respiratory disorders.

If the decision is made to perform the primary operation under general anesthesia, I will be given an explanation regarding the anesthesia by an anesthesiologist.

I know and agree that the operation and any other procedure will be performed by any designated person, 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 operation will be \*\* \_\_\_\_\_.

Name of Physician

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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, and circle planned option.
- \*\* Complete for private patients.