Here by authorized Dr.: ____________________________________________________________

And his assistants to perform the following surgical operation interventional procedure: ____________________________________________________________

The physician has fully explained to me my condition, the reason for the medical interventional procedures /surgery has also informed me of the expected benefits & complications, possible discomforts & risks that may arise as well as possible alternatives to the proposed treatment.

The procedure has been explained to me as above and I had the chance to have my questions and / or requires answers by my physician.

Main possible complications

Explained to me without any warranty or guarantee from the hospital’s side as to the result or cure.

The treating physician or his assistants are entitled to provide additional procedures as reasonable and necessary, including administration of anesthesia and performance of pathology and radiology or excision of tissue /organ the surgeon deems necessary.

I do also authorize the hospital to keep, use or properly dispose any tissue and parts of organs that are excised during this procedure.

Signature of patient or Guardian

Date / / Time: ____________________________________________________________

I have seen this consent before surgery and nature of operation to patient /guardian.

Name of doctor: ____________________________________________________________

Signature: ____________________________________________________________

Date / / Time: ____________________________________________________________
Here by authorized Dr. ____________________
And his assistants to perform the following surgical operation interventional procedure:

The physician has fully explained to me my condition, the reason for the medical interventional procedures /surgery has also informed me of the expected benefits & complications, possible discomforts & risks that may arise as well as possible alternatives to the proposed treatment.

The procedure has been explained to me as above and I had the chance to have my questions and/orquires answers by my physician.

Main possible complications

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I do also authorize the hospital to keep, use or properly dispose any tissue and parts of organs that are excised during this procedure.

Signature of patient or Guardian __________________________
Date__/__/______ Time: __________________________

I have seen this consent before surgery and explained nature of operation to patient /guardian.

Name of doctor: __________________________
Signature: __________________________
Date__/__/______ Time: __________________________