Hillel Yaffe
Medical Center

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הסכמה לניתוח כללי

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Agreement for Surgery Form: _____

Patient's Name: _____
| Family Name | First Name | Father's Name | I.D. |

I hereby declare and confirm that I have received a detailed verbal explanation from

Dr. _____   _____ concerning the need for the surgery _____
    Family Name   First Name

_____

_____ (herewith "The Primary Surgery")

including about the progress of the surgery, the expected results, about the reasonable dangers and about the possible alternative ways of treatment under the circumstances of the case, including the chances and the dangers in each of these processes, and the tests and treatments involved in them, I hereby give my consent to carry out the afore-mentioned surgery at the hospital. It has been explained to me, and I understand, that there is the possibility that during the course of the primary surgery it will become clear that there is a necessity to expand its scope, to change it or to take other or additional steps, including additional surgeries which cannot be definitely or completely foreseen now, but their significance has been explained to me. Therefore, I agree to said expansion, change or execution of other or additional procedures, including surgeries that in the opinion of the hospital's doctors will be essential or necessary during the progress of the primary surgery.
My agreement is given, in addition, to anesthesia, whether general or local, if and when it will become necessary according to the opinion of the treating doctors, except for _____
_____ (please note details, and if there are none – note "none").

I know, and agree that the surgery and all the other procedures will be done by whomever the hospital will assign to do, according to the protocols and orders of the hospital, and that it has not been promised to me that they will be all or partially done by a specific person, with the provision that they will be done with the responsibility accepted at the hospital, subject to the law.

Summary of the explanation that was given to the patient:

_____

_____

_____

Comments: _____

_____

Present during the conversation: _____

_____
Date   **Time**   **Patient's Signature**

_____
Guardian's Name (relationship to the Patient)   **Guardian's Signature (in the event of incompetent, minor or mentally ill patient)**

I confirm that I have verbally explained all of the above to the patient/patient's guardian in the necessary detail, and that they have signed this agreement before me, after I have been convinced that they have completely understood my explanations.

_____
Doctor's Name (stamp)   **Doctor's Signature**   **Date and Time**