

מס' זהות:	שם פרטי:
שם משפחה:	תאריך לידה:
שם האב:	
כתובת:	
טלפון:	

מדבקת פרטי מטופל

reaction of varying degrees to the anesthetic substances, has been explained to me. If it becomes necessary to perform the main treatment under general anesthesia, an explanation of the anesthesia will be given to me by an anesthetist.

I know and agree that the main examination and all other procedures will be carried out by whoever is designated to do so, according to the institutional procedures and directives of the institution, and that it has not been promised to me that they will be carried out in whole or in part by a specific person, but only that they will be performed under the standard degree of responsibility of the institution, according to law.

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

I hereby confirm that I provided the patient / the patient's guardian* with a detailed verbal explanation of all the above mentioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

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

