

CONSENT FORM FOR THE OPERATION

The undersigned _____ domiciliation
in _____

_____ licensed with BI/CI series _____ no. _____ as: patient
suffering from uterine fibroids, I consent to undergo the following operation laparoscopic
myomectomy with temporary placement of clips at the level of the anterior trunk of the
internal iliac artery laparoscopically:

The nature and purpose, benefits and risks of performing/not performing this
operation/treatment, as well as the other therapeutic operations, were explained to me in
a way I understood by the attending physician, Dr. Pirtea Laurentiu. I was presented with
the associated risks: bleeding, ureter injury, iliac vessel injury, digestive tract injury,
lymphorrhagia, infection, as well as the unpredictable risks, the consequences of the
intervention, as well as the risks imposed by the special investigations that are part of the
operation I am going to perform. I declare that I am aware of these risks and accept them,
as the purpose of the intervention/treatment is for my good.

As a result, I understand the necessity of this operation/treatment that I wish to
perform and acknowledge that I cannot be given a guarantee or assurance regarding the
final result.

Consequently and under the specified conditions, I freely and knowingly give my
consent to the operation/treatment presented.

I agree that the data related to the treatment performed by me will be used for the
development of scientific articles and I agree to consult every 6 months for 1 year to
evaluate the effectiveness of the surgical procedure performed.

I certify that I have read, understood and fully accept the above and therefore

I sign.

Patient Signature _____ day _____ month _____ year _____
