

I/we know and agree that the primary procedure and all other procedures will be performed by any designated surgeon, according to the institutional procedures and directives, and that there is no guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.

Date	Time	Woman's Signature	Husband's Signature (in the case of a married woman)
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I hereby confirm that I provided the woman with a detailed verbal explanation of all the abovementioned, as required, and that she signed the consent/refusal** form in my presence after I was convinced that she fully understood my explanations.

Physician's name	Physician's signature	License No.
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*Indicate the number of fetuses clearly and legibly.

** Delete the irrelevant

I hereby declare and confirm that I received a detailed verbal explanation regarding fetal reduction and the significance of leaving _____* fetuses in the uterus including the risks of early or late miscarriage (abortion) and premature rupture of membranes that necessitates cessation of the pregnancy and the birth of premature infants. It has been explained to me and I understand that the risks of prematurity include, among others, motor, mental and nervous defects and prolonged hospitalization and that in pregnancy with multiple fetuses the rate of birth by cesarean section is high.

I/we hereby declare refusal of fetal reduction.

Date	Time	Woman's Signature	Husband's Signature (in the case of a married woman)
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I confirm that I have explained all the above verbally in the necessary detail to the woman and her husband** regarding reduction and leaving fetuses in the uterus and that she/they signed a refusal form in my presence after I was convinced that she/they understood my explanation fully.

Physician's name	Physician's Signature	License No.
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*Indicate the number of fetuses clearly and legibly

**Delete the irrelevant