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**מרפאות**  
חיפה - בית הרופאים, שד' בן גוריון 4  
חיפה - רח' שארית הפליטה 13, דניה  
נהריה - רח' סוקולוב 21

## Breast-enlargement surgery

1. I have received an explanation by Dr. Govrin about the breast-enlargement surgery that I wish to undergo.

I was explained the course of the operation and the existing complications of the operation such as: pain, bleeding, infection, unseemly healing of the surgical scar, absence of sensation of the nipple or the breast, asymmetry of the breasts or nipples.

Hardening of the capsule enveloping the implant. Hardening of the breast ("rejection of the implant")

Breast folds

Wear and tear of the implant

2. I was explained that the operation does not support and does not prevent weakness or sagging of the breast.

3. I undertake to pay the whole cost of the operation determined by Dr. Govrin.

4. I consent to the performing of the operation.

5. I hereby testify that I have read the consent form, understood its content, and confirm by my signature the things stated in it. I have received a copy of the consent form.

I have had the opportunity to ask all the questions, and the answers satisfied me.

Good luck

Name of the patient: \_\_\_\_\_

ID no.: \_\_\_\_\_

Signature: \_\_\_\_\_