

Clinics

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[www.drgovrin.co.il](http://www.drgovrin.co.il)

מרפאות

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

## Breast-reduction surgery

1. I received an explanation by Dr. Govrin about breast-reduction surgery that I wish to undergo. I received an explanation about the course of the operation and the risks existing in the operation such as bleeding, infection, unseemly healing of the surgical scar, absence of sensation in the nipple or in the breast, asymmetry of the breasts or the nipples.
2. I undertake to pay the entire cost of the operation as determined by Dr. Govrin.
3. I consent to the performing of the operation.
4. I hereby testify that I have read the consent form, I understood its content and confirm by my signature the things stated therein.
5. I was given the opportunity to ask all the questions, and the answers satisfied me.

Good luck

Name of the patient: \_\_\_\_\_ ID no.: \_\_\_\_\_

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