

**Clinics** **1800-331-441**

Haifa - Beit Harofim 4 Ben Gurion st. Tel. 972-4-8550930 טל.

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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

## Nose surgery

1. I have received an explanation by Dr. Govrin on nose surgery.  
I have received explanations on the course of the operation and the risks involved.  
I am well aware that no surgical outcome was promised to me, and that it is not foreseeable.  
I am aware that in nose surgery, adverse effects are possible on the appearance of the nose and/or the breathing though it.
2. I give my consent to the performing of the operation.
3. I undertake to pay the full price of the operation determined by Dr. Govrin.

Good luck

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

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

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