

Clinics

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מרפאות

חיפה - בית הרופאים, שד' בן גוריון 4

חיפה - רח' שארית הפליטה 13, דניה

נהריה - רח' סוקולוב 21

Breast-lift surgery

1. I have received an explanation by Dr. Govrin on breast-lift surgery that I wish to undergo.

It was explained to me that breast-lift surgery lifts the breast but does not support and does not prevent weakness or recurrent sagging of the breast.

I have received an explanation of the course of the operation and the risks inherent in the operation such as bleeding, infection, unseemly healing of the surgical scar, an absence of sensation in the nipple or in the breast.

2. I undertake to pay the full price of the operation determined by Dr. Govrin.

3. I consent to the performing of the operation.

4. I hereby testify that I have read the consent form, understood its content and confirm with my signature the things stated in it.

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

Good luck

Name of the patient: _____

ID no.: _____

Signature: _____