

Clinics **1800-331-441**

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

Haifa 13 Sherit Hapleta st. Tel. 972-4-8550931 טל.

Nahariya 21 Sokolov st. Tel. 972-4-9824777 טל.

Fax. 972-4-8550929 פקס.

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: _____