

BETTER HEALTH MEDICAL CENTER

CONSENT TO CIRCUMCISION

To the Parent(s) / Legal Guardian:

A physician obtains consent to surgery or medical procedure. You are asked to consent in writing, to a circumcision to be performed upon your male infant and confirm that the procedure has been explained, that you understand what is to be done, and the risks, benefits, alternatives that may be involved. If you have any doubts or unanswered questions, do not sign the consent.

I hereby authorize Dr. _____ and such assistants as may be selected by her to perform a circumcision upon _____,

(Patient's name)

which I understand to be: Genital area is cleansed, the foreskin is separated from the head of the penis, plastibell is placed between the penis and foreskin, and string tied over the foreskin, after blood supply is decreased, foreskin is trimmed off.

I have been made aware of certain risks and consequences that are associated with the procedure which include but are not limited to: bleeding or significant blood loss, infection, organ or tissue injury, risk of poor cosmetic result.

I also consent to the disposal of any tissue surgically removed.

I request the above procedure and am aware that it has no strong medical indications. I further understand that the explanations, which I have received, may not be exhaustive and all inclusive and that other more remote risks may be involved. However, the information, which I have received, is sufficient for me to consent to the procedure I have authorized as my own free act. I have had full opportunity to ask questions concerning my child, the authorized procedure, and the alternative thereto, and the risks and consequences associated therewith. Questions I have concerning authorized procedure have been answered to my satisfaction.

This consent has been read and explained and all blanks or statements requiring insertion or completion were explained before permission was given.

(Father)

(Mother)

(Physician)

(Witness)

(Date)