

CONSENT AND AUTHORIZATION FOR CIRCUMCISION

WE ASK THAT PARENTS REMAIN OUTSIDE THE ROOM DURING THE ACTUAL CIRCUMCISION PROCEDURE, WHICH GENERALLY TAKES APPROXIMATELY 20 TO 25 MINUTES. THANK YOU.

You have requested that your physician perform a circumcision on your child. Upon your authorization and consent, this procedure, together with any different or further procedures which, in the opinion of the supervising doctor may be indicated due to any emergency or previously unforeseen circumstances, will be performed upon your child.

This procedure may involve risks or unsuccessful results, complications, injury or even death from both known and unforeseen causes, and no warranty or guarantee is made as to the result.

KNOWN RISKS CONCERNING CIRCUMCISIONS INCLUDE:

1. Bleeding (if you know of a bleeding disorder such as hemophilia in your family, please inform the doctor prior to the circumcision).
2. Infection.
3. Circumcision may result in severe scarring of penis, which may interfere with patient's later sexual activity.
4. 1 in 30 circumcisions need to be repeated at 2 years of age because of excess skin.
5. Damage to the penis.
6. Allergic reactions to the Lidocaine.

YOUR SIGNATURE BELOW CONSTITUTES YOUR ACKNOWLEDGMENT THAT:

- _____ you have read and agree to the foregoing;
- _____ the circumcision procedure has been adequately explained to you by your physician;
- _____ you have received all the information you desire concerning the procedure;
- _____ you authorize and consent to the performance of the procedure and that you understand the risks and assume full responsibility for knowing that complications may arise during and/or result from the procedure; and
- _____ you authorize and consent to use of sucrose solution for pain management. (Please note that there is a \$3.00 charge for sucrose solution that is not covered by insurance).

Patient's Name

Your Name (Please Print)

Witness (Please Sign)

Your Name (Please Sign)

Relationship

Date