



Date _____

Time _____

Patient Name: _____

I, _____, hereby request Dr. _____

and their assistants to perform a circumcision using the Gomco method on my child. I understand that circumcision is minor surgical procedure and therefore carries some risks which include, but are not limited to: bleeding, infection, undesirable cosmetic appearance, and/or reactions to anesthesia. No one has guaranteed any specific result that may be obtained by this circumcision.

I consent to administration of such local anesthetics as may be considered necessary or advisable by the physician responsible for this service.

This consent has been explained and/or read to me:

(Signature of Patient or Person Authorized to Consent for Patient) (Date/Time)

Relationship: _____

(Interpreter's Signature if Applicable)

Witness _____ (Date/Time)

Title _____

I have explained the risks, benefits, and alternatives of the proposed treatment to the patient and/or authorized representative. The patient and/or patient authorized representative wishes to proceed with the plan of treatment.

Physician Signature _____ (Date/Time)



**CONSENT TO CIRCUMCISION,
ADMINISTRATION OF LOCAL ANESTHETICS**

Form # 18-137.2 (07/08)

▼ Patient Label ▼

Original - Chart / Canary - Parent/Guardian