

Consent To CIRCUMCISION

Hanjani OB/GYN

1. I hereby request and authorize Dr. Soheil Hanjani to perform **CIRCUMCISION** on my son.
2. I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, so state):
_____ NONE _____
3. If any conditions are found at the time of the operation that were not recognized before and which call for procedures in addition to those originally planned, I authorize the performance of such procedures.
4. The nature, extent and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee has been made as to the results that may be obtained.
5. I consent to the foreskin being discarded.
6. I consent to the televising, videotaping and/or photographing of the operation(s) procedure(s), or treatment(s) to be performed for medical, scientific or educational purposes.
7. I understand that Circumcision is a elective procedure and voluntary choice. It has benefits and risks (see below) and is not strictly medically necessary.
8. The possible need for a transfusion of blood and/or blood components, albiet small, the risks involved, (including but not limited to the risk of contracting Viral Hepatitis B, C, or HIV/AIDS, or a major life-threatening transfusion reaction or infection), the benefits, the potential complications, the available alternatives and the possible consequences of not receiving a transfusion have been clearly explained to me. I understand that such risks exist despite the fact that the blood has been tested carefully. Notwithstanding the foregoing, I hereby consent to a transfusion of blood and/or blood components as deemed necessary or advisable by my treating physician during the course of my sons preoperative, operative and postoperative stay.

Patient Refuses

Not Applicable

9. Surgeon's comments and ***RISKS: Bleeding, possibly requiring stitching or blood transfusion. Infection of the surgery site and penis. Damage to surrounding structures, including urethra, penis, and skin. Failure of procedure to obtain desired result or cosmetic effect, with foreskin being too long or too short or not have the cosmetic appearance desired or expected. Possible need for further surgery or revision.***

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO SURGICAL PROCEDURE(S) AND THAT THE SURGEON, OR HIS/HER DESIGNEE HAS ANSWERED ALL OF MY QUESTIONS.

I CERTIFY THAT I HAVE CONVEYED THE RISKS AND BENEFITS OF THE PROCEDURE, AS DESCRIBED BY THE PHYSICIAN, TO THE BEST OF MY ABILITY.

Signature of Surgeon/Designee

Date

Signature of Translator

Date

Signature of Patient/Designee

Date

Witness

Date