



Central Florida Pediatrics

Brenda Lewis, MD

Kacie Lutz, MD

Denise Drago, MD

Michelle Williams, MD

Dawn Diomedede, ARNP

Kristin Affolter, CPNP

Consent for Pediatric Circumcision

1. I, the undersigned patient's representative, consent and authorize Dr. _____ to perform upon _____ (state name of patient) the procedure described below. If unforeseen conditions arise in the course of the operation requiring procedures different from those contemplated, I further request and authorize her to do whatever she deems advisable.
2. I authorize the physician to perform a circumcision upon the patient. The physician has explained to me that this procedure involves **the surgical removal of the foreskin that covers the head of the penis. The procedure requires the child to be restrained on his back on a special board. The penis will be cleaned with a special surgical soap and the foreskin removed. The surgery will take approximately 10-15 minutes and the child may feel some discomfort that may not last long. Local anesthesia will be used to minimize discomfort.**
3. I understand that there are some risks involved in this procedure that may include but are not limited to: **bleeding (be sure to tell us about any family history of bleeding problems prior to surgery), infection of the wound, removal of too much or too little of the foreskin, cutting the head of the penis or scarring of the wound requiring repeat circumcision.** The physician will do everything possible to prevent these complications but she cannot guarantee that they will not happen.
4. I understand that the physician has fully explained to me that a **medically acceptable alternative is not to have the procedure done.**
5. I understand and acknowledge that the patient's physician fully explained to me the nature and purpose of this procedure, the methods of treatment, the probable risks involved, the alternatives and the possibilities of complication. I acknowledge that she has not made any guarantee or assurance to the results that may be obtained.
6. I have read and fully understand this consent and all questions and concerns have been answered.

Signature of Legal Guardian

Date

Signature of Witness

Date

735 Primera Blvd., Ste. 135, Lake Mary, FL 32746 ~ (407) 321-0085 ~ Fax: (407) 328-7658

2881 Wellness Ave., Orange City, FL 32763 ~ (386) 917-0450 ~ Fax: (386) 917-0457