

# Kew Medical

MEDICAL · COSMETIC · WELLNESS

## Patient Consent – Circumcision

I,

OF

(IF APPLICABLE) AS PARENT/GUARDIAN OF

FILE NUMBER

have read and discussed the procedure (a circumcision) with Dr. Athari in regard to the benefits, risks, and acknowledge that the final decision should be made with the consideration with the information I have been given.

With this in mind, I wish to undergo a circumcision voluntarily under local anesthetic.

- + It has been explained to me that this operation is performed to remove the foreskin, at my own request or guardian/parent's request.
- + I have been informed that after the procedure there may be:
  - some pain and discomfort for 2-3 days.
  - excessive swelling of the penis for up to 7-14 days.
  - some oozing, which is common, but if persists or bleeding occurs I am to contact the doctor or local hospital immediately.
  - a small chance of infection which is a part of the procedure. I will seek medical attention.
  - a few days before the ring falls off. Generally, this happens in 3-7 days after the procedure (if Plastibell used).
- + I understand and recognise that with any operation there may be some very rare complications that may not have been explained to me or that I may not have consented to.
- + I am aware that there is a possibility of some aesthetic imperfection.

SIGNED

PRINT NAME

PATIENT  PARENT/GUARDIAN

IF SIGNED BY OTHER PERSON, INDICATE RELATIONSHIP

WITNESS

DATE

/ /

