

Children's Health Clinic

Dr. Stephen Wainer
Main Floor, 4715 8 Ave., SE
Calgary, AB T2A 3N4

Patients Label

CONSENT FOR CIRCUMCISION

1. PROCEDURE

Procedure (preferably in layman's language) Circumcision

2. PATIENT / LEGAL GUARDIAN

I, the undersigned, have had the above procedure explained to me by Dr. Wainer and understand the nature and consequences of it. I acknowledge that no warranty can be given as to the results of the procedure. Further, I understand that during the course of the procedure, unforeseen conditions may necessitate alternative procedure(s). I confirm that I have read and understand the information sheets provided.

I hereby request and consent to Dr. Wainer and such nominees and assistants as may be selected by him to perform the above procedure or any alternate/additional procedure(s) as he may deem advisable or necessary.

I consent to the administration of a local anaesthetic.

Signature of Legal Guardian: _____ Date: _____

Relationship to Patient _____

3. PHYSICIAN CERTIFICATION STATEMENT

I hereby certify that I have explained the above procedure to the above parent/guardian and, in my opinion; he/she understands its nature, risks and consequences.

Signature of Physician

Date

CIRCUMCISION

Date: _____

Information provided:

Parents agree:

Consent:

Procedure explained:

No allergies to L.A.

No family hx of hemophilia:

PROCEDURE:

1. _____ ml 1% lidocaine dorsal penile block
2. Mogen circumcision performed Y / N
3. Uneventful procedure Y / N

NOTES

Signed: _____

Dr. Stephen Wainer