

GEORGIA LITHOTRIPSY & LASER CENTER, INC.
INFORMED CONSENT
CIRCUMCISION

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS.

The following has been explained to me in general terms and I understand that:

- 1) The nature of the procedure is the removal of the foreskin of the penis.
- 2) The purpose of this procedure is to remove the skin for cosmetic, hygiene or medical indications as described above.
- 3) MATERIAL RISKS OF THIS PROCEDURE: As a result of this procedure being performed, there may be material risks of: INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PARAPLEGIA OR QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.
- 4) In addition to these material risks, there may be other possible risks involved in this procedure including but not limited to:
 - a. meatal stenosis (narrowing of the urethral opening);
 - b. severe, life threatening infection;
 - c. formation of a hematoma (blood clot) in the penis;
 - d. scar tissue between the penis and glans (head of penis);
 - e. Urethrocutaneous fistula;
 - f. Injury to urethra;
 - g. injury to penis;
 - h. curvature of penis with erection;
 - i. removal of too little or too much skin, possibly necessitating another operation;
 - j. pain in the penis;
- 5) The likelihood of success of the above procedure(s) is:
 Good Fair Poor
- 6) Practical alternatives to this procedure include: doing nothing
- 7) If I choose not to have the above procedure, my prognosis (future medical condition) is:

I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for the patient's condition and in recommending the procedure which has been explained.

I understand that the practice of medicine is not an exact science and that **NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME** concerning the results of this procedure.

I understand that during the course of the procedure described above, it may be necessary or appropriate to perform additional procedures which are unforeseen (not known to be needed) at the time this consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such additional procedures as they deem necessary or appropriate.

