



Consent to Elective Circumcision with the Plastibell under Local Anesthetic Done by Dr. Ragae Erian MD,LMCC , CCFP

Date of the procedure : / /

- I hereby provide my consent to Dr. Erian to perform an infant circumcision using the Plastibell technique with local anesthetic on my child.
- I understand that circumcision is considered an elective surgery. I also understand that despite the potential medical benefits for circumcision, the Canadian Pediatric Society does not recommend routine circumcision of newborn boys.
- My child's family physician or other health care provider has explained to me the potential risks and benefits of newborn circumcision. I have also read and reviewed the attached Risks and Benefits.
- Dr. Erian has also explained to me the plastibell technique ,risks of circumcision, including bleeding, infection, and errors in skin removal (too much or too little removed). I understand that rarely, more serious complications, such as injury to the penis, or death, may occur.
- I understand that no guarantee can be made as to the final cosmetic outcome of the circumcision.
- I have had the opportunity to ask Dr. Erian any questions I had prior to the procedure, and he has answered them all.

Date: _____

Parent Name:_____

Witness: _____

Parent Signature:_____

Witness Signature:_____

In the case of a single signature, I am the sole guardian of the child, OR I have obtained the approval of any other parent or guardian of the child, and as such, I am providing this consent on my own.¹

¹Address : Unit 30 , 172 Highway 16A , Spruce Grove, AB T7X 3X3
P: (780) 948-1559 / (587) 461-0232 Fax: (780)431-9730