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CIRCUMCISION
Authorization for surgical treatment addendum

Complications and consequences have been discussed. I understand that the risks include, but are not limited to, the following:

- Pain (immediately afterwards, delayed, long term)
- Excessive bleeding, possibly requiring blood transfusion (and its risks of infection or transfusion reaction)
- Surgical infection
- Removal of too little skin requiring repeat circumcision at a later date
- Removal of too much skin causing scarring or dysfunction
- Abnormal skin healing

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

_____

Signature Date

_____

Witness Date