

Berit Mila Information

Informed Consent

I voluntarily desire and request that Katie Simon, MD, perform a circumcision as part of the Berit Mila ceremony for my son.

I understand and agree that this circumcision is not intended to establish a patient-physician relationship, that it is performed as part of a religious ceremony and not as a medical treatment.

I understand that circumcision is the permanent removal of the penile foreskin using a clamp and scalpel. The risks of circumcision, although uncommon, include but are not limited to bleeding, infection, taking too much or too little foreskin, buried penis, damage to surrounding structures, poor cosmetic outcome such as asymmetry, skin tags, or skin bridges, and rarely mild to severe allergy to the anesthetic used, and/or death.

In signing this form I affirm that Dr. Simon has explained the procedure to me and the most common risks and potential complications. I understand that it is impossible for Dr. Simon to inform me of all the potential complications that could occur.

I affirm that I understand the above mentioned risks regarding the procedure and that Dr. Simon has explained the post circumcision care to me.

I affirm that my son received a Vitamin K injection after birth, that there is no family history of a bleeding disorder, and that he has established care with a primary medical provider such as a pediatrician or family medicine physician or midwife.

I affirm that Dr. Simon has answered all of my questions regarding the procedure to my satisfaction.

Signature of parent

Signature of witness

Printed name of parent

Printed name of witness

_____ Date

_____ Time