

CIRCUMCISION CLINIC



CONSENT FORM

Name: Jason O Ogonor

DOB: 25/11/2021

Address: 494 Stoneywood Brae, Stoneywood,
Aberdeen, AB21 9FD.

Name of the procedure: Male Circumcision

Statement of the health professional:

I have explained the procedure to the parents in detail. I have explained the risks of the procedure such as **pain, bleeding, infection and revision** following the procedure. In case of bleeding the child may require emergency operation and / or hospitalisation and blood transfusion. Occasionally **Plastibell/Circumplast (ring) may not extrude out spontaneously and may require removal**. There is also a very small risk of **hypersensitivity reaction to local anaesthetics**.

Verbal and written information has been given and video has been watched.

Signed: 
Name: Anwar Khan

Date: 09.10.21

17/12/21

Statement of the parents:

I / we agree to the procedure described above for our son.

I / we understand that the procedure will involve local anaesthesia.

I / we have received verbal & written information and watched a video

Signature: 

Relationship to the patient

Name (Print): OGONOR JASON Ogonor

Father

Signature: 

Name (Print): Somtochukwu Jane Azubike

Mother