

CONSENT FOR PERFORMANCE OF CIRCUMCISION ON MINOR PATIENT
EXECUTED BY LEGAL GUARDIANS OF MINOR PATIENT AUTHORIZED TO GIVE CONSENT

TO:
GROSSMONT PEDIATRICS
DR. BINA ADIGOPULA, DR. CLAY AND DR. RONQUILLO
6942 University Avenue #A
LA MESA, CA 91942

I/We, _____, the lawful guardian/s of _____ (hereafter referred to as "minor patient") do hereby voluntarily consent to the performance of a circumcision of the penile foreskin of the minor patient for personal reasons. Dr. Adigopula/Clay/Ronquillo has explained the cosmetic nature of the procedure.

I/We agree to the use of custody, including custody by physical force and/or by restraints (papoose board), to prevent body and/or limb movements by the minor patient during the performance of the circumcision procedure. This use of force or restraints by Drs. Adigopula/Corrow and assisting staff will not be grounds for charges of legal assault, battery or unlawful restraint and/or any related legal suit being brought against them.

The procedure for the circumcision has been reasonably explained to me/us, and are modern circumcision methods acceptable to me/us.

All medically known normal (and abnormal) risks associated with this procedure have been explained to me/us by Dr. Adigopula/Dr. Clay/Dr. Ronquillo and the staff. These include (and not limited to) bleeding, excessive bleeding, pain, infection, fever, poor cosmetic outcome, crying, fussiness, slow healing, and conditions that may require urgent/emergent medical attention at a hospital. I willingly wish the procedure being performed on the minor patient, and have not withdrawn consent until the time of the procedure.

I/We are the legal guardians of the minor patient at this time, and have the authority to sign this consent.

In the event of my/our later changing our minds about the circumcision being performed, I/we agree to the forfeiture of a minimum of \$ 75 of any advance payment made.

Signed this _____ day of _____, 200__ at _____

Signature Signature

Relationship to patient Relationship to patient

Print name Print name

Street Address City/St/Zip Phone