

**Consent Form 2
PATIENT / PARENT /
GUARDIAN AGREEMENT
TO CIRCUMCISION**



Name	<input type="text"/>
DOB	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone Number	<input type="text"/>
Mother's Name	<input type="text"/>
Father's Name	<input type="text"/>

I am/we are, as parent/guardian of the child named above hereby give full consent for Dr. Turhan Comez, general surgeon, to undertake circumcision for cultural /religious reasons.

I understand that circumcision is not a medically necessary procedure. It does not prevent any medical disease and is, in most instances, an optional procedure.

I also understand that the risks of the procedure included, but are not limited to, infection, bleeding, damage to surrounding structures, and removal of too much or too little foreskin. These complications could lead to a need for surgical intervention in the future.

I understand that during the course of the operation, unforeseen circumstances may develop which may require an extension or modification of the original procedure or a different procedure from the described above.

I hereby authorize Dr. Turhan Comez, his associates, or residents / assistants to perform such surgery

Dr. Turhan Comez has adequately explained to me the material risks possible complications that are or may be associated with this procedure, the benefits, and the alternatives.

I have the opportunity to fully discuss these matters with Dr. Turhan Comez and have the opportunity to ask any questions that I might have. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made about the results of the procedure.

I authorize Dr. Turhan Comez to dispose of any tissue with their policy. I also consent to the examinations, disposal, retention or use of any tissue parts that may be removed during the procedure.

I certify that I have read and fully understood this consent form.

I acknowledge and am satisfied that I have been adequately informed concerning material risks and possible complications, the benefits, and alternatives,

The Patient is unable to sign for the following reason: CHILD / NEWBORN

The above consent is given on behalf of the patient by PARENT / GAURDIAN

Name	Mother	Father
Parent / Guardian Signature		
Date / Time		

Validation Signature	Date

ATTESTATION STATEMENT

The above-referencedv parent/guardian has been provided with an examination of material risks and possible complications that are or may be associated with this treatment / procedure, benefits, and alternatives.

I have also spoken the child and explained to him how the procedure is going to be performed and took verbal consent

DR. TURHAN COMEZ
GENERAL SURGEON
GMC: 7230259

Signature	Date

Copy accepted by the child / parent / guardian: Yes / No (please ring)