

**Jon J. Atiga, M.D.**  
**PHYSICIAN DOCUMENTATION of INFORMED CONSENT**  
**CIRCUMCISION**

**Patients Name:** \_\_\_\_\_

**Name of Physician Performing the Procedure:**                     **JON J. ATIGA, M.D.**                    

**NATURE OF PROCEDURE & IT'S BENEFITS**

Circumcision is a surgical procedure for removing the foreskin from the penis. Reasons for circumcision include tradition, cultural, and religious; however recent studies may be interpreted to show beneficial health effect. Circumcision can prevent infection of the foreskin and the tip of the penis, and later an inability to retract a tight foreskin. Data suggests that circumcision slightly reduces the incidence of urinary tract infections in boys under 1 year of age. The procedure is painful, but the effects of the pain are brief and no long-term psychological effects have been documented.

Prior to the procedure, and anesthetic cream or injection is used on the penis to numb the area. A pacifier dipped in a sugar solution also helps to provide pain control during the procedure. Circumcision is done by cleaning the penis and then loosening the skin that adheres to the end of the penis. The procedure is safer to perform on newborns than older boys, because they require general anesthetics.

**Potential Risks:**

There are risks involved in any type of procedure. Circumcision can cause the following:

- Rare irritation caused by the anesthetic cream.
- Bruise at the injection site
- Bleeding, local swelling, infection, and injury to the penis occur in less than 1% of patients.

**Alternatives:**

The practice of good personal hygiene and keeping the penis clean appears to offer the same advantages of routine circumcision without any surgical risks.

\_\_\_\_ Yes \_\_\_\_ No      I have read and understood the above. I wish to have my child circumcised and so hereby authorize the physician to perform the procedure.

\_\_\_\_ Yes \_\_\_\_ No      Our family is free from bleeding disorders and hamophilia.

\_\_\_\_\_  
Signature of Parent/Guardian/ DPAHC Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date



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