

**Craig Singer MD Dermatology PLLC
31000 Telegraph Road, Suite 260
Bingham Farms, MI 48025**

Circumcision consent form

Patient's name: _____

Date of Procedure: _____

Procedure: Circumcision with local anesthesia

Surgeon: Craig Singer, M.D.

I consent (give permission) to Dr. Craig Singer to perform newborn circumcision with local anesthesia on my child, _____.

I understand that circumcision is considered elective surgery. I understand that despite the potential medical benefits for circumcision, the American Academy of Pediatrics does **not** recommend routine circumcision for newborn boys.

Dr. Singer has explained to me that the risks of circumcision include bleeding, infection, and errors in skin removal (too much or too little removed). I understand that rarely, more

serious complications, such as injury to the penis, or scarring may occur. I understand that no guarantee can be made as to the final cosmetic outcome of the circumcision. I have had the opportunity to ask Dr. Singer any questions prior to the procedure.

Parent or legal guardian _____

Date: _____

Witness _____

Date: _____