

## Consent Form

Except in the circumstance of a brit on Shabbat or Yom tov, there is no need to submit this form in advance. However, at the time of the ceremony you will be asked to sign the following consent form prior to your son's brit milah.

I request that my son be circumcised by Dr. April Rubin as part of the brit milah ceremony.

I understand and agree that this circumcision is not intended to establish a patient/physician relationship and that it is part of a religious ceremony and not being performed as a medical treatment or procedure.

In signing this form for a circumcision I affirm that Dr. Rubin has explained the procedure, its risks and potential complications, including, but not limited to, bleeding, infection, removing too much or too little foreskin, trauma to the penis and the need for further surgery. I understand that it is impossible for Dr. Rubin to inform me of all the potential complications that may occur.

I affirm that I understand the above-mentioned risks regarding the procedure and that Dr. Rubin has explained post-circumcision management to me.

**Consent**

I affirm that Dr. Rubin has answered all of my questions regarding the procedure to my satisfaction.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Parent or Guardian's Name (printed)

\_\_\_\_\_  
Witness's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Please feel free to call me at any time at 202-841-3329 to discuss anything in this handout or otherwise pertaining to the brit milah of your son.