

Consent to Treatment

I agree to have my son circumcised by Dr. Mark Greenberg. I affirm that I have read and understood the information on the doctor's website regarding infant circumcision, the doctor has addressed any concerns and answered any questions I may have. I am aware of the risks and possible complications from the procedure, including by not limited to: bleeding, infection, removing too much or too little foreskin, and trauma to the head of the penis. I affirm that I am aware that, while rare, more serious complication may arise. I agree to follow the postoperative instructions as explained on the doctor's website and as demonstrated to me following the procedure.

Signature of Parent or Gaurdian

Witness Signature

Name of Parent or Gaurdian (print)

Witness Name (print)

Date

Date