

ADDENDUM TO INFORMED CONSENT - CIRCUMCISION

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

SYNOPSIS OF MATERIAL RISKS THAT MUST BE SPECIFIED IN AN INFORMED CONSENT, AS PRESCRIBED BY LOUISIANA LAW UROLOGY

Material risks associated with the medical treatment, surgical procedure, or other therapy described as required by the Louisiana Medical Disclosure Panel.

Circumcision (Removal Of Penile Foreskin)

- Ulceration and scarring of urine hole at tip of penis (meatal stenosis);
- Bleeding;
- Infection (minor or serious);
- Removal of too much or too little skin;
- Skin bridge;
- Fistula (abnormal hole in urine tube);
- Buried penis

| Other Material Risks: | | | | | | | |
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| Printed Name of Physician: | Physician's Signature: | Date MM/DD/YY | | Time 00:00 AM/PM | | | |
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| Printed Name of Patient or Authorized Representative: | Patient or Authorized Representative's Signature: | Date MN | I/DD/YY | Time 00:00 AM/PM | | | |
| | X | 1 | 1 | : | | | |
| Relationship to patient (if other than patient): | | | | | | | |
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| Printed Name of Witness: | Witness's Signature: | Date MM/DD/YY | | Time 00:00 AM/PM | | | |
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