

Arizona Pediatric Clinics, PLLC

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Tempe, AZ 85282
(480) 897-1122

PATIENT INFORMED CONSENT

I, _____ (parent or guardian) of the minor _____,
DOB ____/____/____ authorize:
Edward Quiroz, MD, and/or any other or physician acting as agents thereof
Arizona Pediatric Clinics, PLLC,
to perform the following operations or other procedures:

CIRCUMCISION

I understand the reason for this procedure is: STRICTLY COSMETIC & NO MEDICAL REASON. Alternatives include: NONE
This authorization is given with the understanding that any operation or procedure involves some risks and hazards. Some of the significant risks of this particular procedure are:
CARDIAC FAILURE, RESPIRATORY FAILURE, AND UNDESIRED COSMETIC RESULTS.

RISKS- Common risks of any procedure include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and pneumonia. These risks are serious and possibly fatal.

RESULTS ARE NOT GUARANTEED- I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.

PATIENT'S CONSENT- I have read and fully understand this consent form, and understand I should not sign this for if all items, including any questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form. I have no further questions.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PRPOSED PROCEDURES OR ANY QUESTIONS CONCERNING THEM, ASK YOUR PHYSICIAN BEFORE SIGNING THIS FORM.

PAYMENT & SCHEDULING- At the time of scheduling, at least 50% of the Circumcision Fee must be paid. This can be done in person at the office or over the phone with an approved credit card payment. 50% of the total fee serves as a non-refundable deposit. Any remaining balances are due on the day of the procedure. _____ (initials)

*** **INSTRUCTIONS FOR PROCEDURE:** *** _____
(initials)

- Do **NOT** feed the patient **THREE** hours prior to his appointment time. Failing to follow this instruction will result in the cancellation of the procedure.
- Items to bring: changes of clothing, pacifier, diapers, blanket, formula & bottle if not breastfed.

Witness
Date/Time

Date/Time

Parent/Guardian