

Sara J. Bernstein, M.D.

Board Certified Obstetrician & Gynecologist • Certified Mohelet

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CONSENT FORM FOR CIRCUMCISION / BRIT MILAH

I request to have my son circumcised, including the administration of local anesthesia, by Dr. Sara J. Bernstein as part of a Brit Milah (Bris). Furthermore, 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 should not be construed as a medical treatment or procedure. In signing this consent form for a circumcision or bris, I am stating that the complications and risks of this procedure have been explained to me including risks of bleeding, infection, removing too much or too little foreskin, scarring, and injury to the head of the penis or urethra. Although rare, I understand that more serious complications may arise. I understand all of the above-mentioned risks regarding this procedure. Dr. Bernstein has explained the post-operative management to me, and I will contact her as needed for management assistance. Although it is impossible for Dr. Bernstein to inform me of every possible complication that may occur, she has answered all my questions to my satisfaction.

CONSENT GIVEN:

YES NO I have been informed about circumcision and all questions have been answered to my satisfaction. I understand the benefits and limitations of this procedure. I consent to have my son circumcised.

Mother's Signature

Father's Signature

Date

Mother's Name (printed)

Father's Name (printed)

Mohel's Signature

Witness' Signature

Date

Mohel's Name (printed)

Witness' Name (printed)