

Gentle Procedures Clinic East

GTA

Dr. An-Huy Nguyen, MD, C.C.F.P.

Circumcision

4459A Kingston Rd. Unit
Tel: 647-568-1512
Scarborough, ON. M1E 2N7
Fax: 416-281-8081 www.gentleprocedurescliniceastgta.ca

PARENTAL CONSENT FOR CIRCUMCISION

I, (Name and DOB)

Mother / Father of (Baby's Name and DOB)

after discussion with my spouse regarding the risks and benefits of
circumcision hereby

give my consent for my son to have circumcision done by Dr. An Huy
Nguyen.

Name _____

Signature _____

Date _____