

# INFORMED CONSENT FORM

The consenter: ....., born: .....,

Patient number: .....,

states that he has specifically requested the doctor of Besnijdenis Centrum Nederland (BCN) to circumcise the consenter.

The consenter states that he has read the following:

- Circumcision is a medical procedure according to the Medical Treatment Agreement Act (MTAA).
- Like in every surgical procedure, there are risks on complications (i.e. bleeding, impeded wound healing, wound infection).
- If there are any complications, aftercare is provided by a doctor of BCN, available by phone (035-6929213).
- Said doctor is available to provide aftercare on the following times:
  - o Until 48 hours after the procedure: day and night;
  - o After 48 hours after the procedure: on weekdays between 8AM-5PM.
- Aftercare can only be provided in the clinic where the circumcision was performed. This means that, in case the patient needs aftercare, after consulting with the doctor, he should return to the clinic where the circumcision was performed.

Place: .....

Date: .....

Signature: