The Medical Procedures Center, P.C.

"We treat people, not just problems."

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AUTHORIZATION FOR SURGICAL PROCEDURE RESULTING IN STERILITY
(Bilateral Partial Vasectomy)

I (We), the undersigned, acknowledge that (I) we have discussed fully the procedure called vasectomy with _____. I (We) understand the procedure is not without complications such as, but not limited to: pain, both at the time of surgery and afterwards, bleeding, infection, failure and granuloma formation. I (We) have also had the opportunity to read and understand several available handouts and have seen a videotape. I (We) understand that I (we) can ask any questions if issues remain unclear. I (We) understand that the surgery can be canceled by notifying the doctor's office.

I was told that the decision to be "sterilized" is up to me.

I (We) understand that there are temporary methods of birth control available. I have rejected these alternatives. I also understand that there are places where I can have my sperm frozen and saved for possible use and information is available if I request it. I have decided not to do this.

The discomforts, risks and benefits associated with the operation have been explained to me (us). I (We) do realize that the result, sterility, **cannot** be guaranteed. I (We) also realize that during the postoperative period (for at least 3 months after surgery) other contraceptive measures should be used until specifically advised that such measures are no longer necessary. To make this decision, 2 semen specimens need to be examined—one at 6 weeks and one at 3 months. I will bring these to the doctor's office.

All of my (our) questions have been answered to my (our) satisfaction.

I also consent to the release of those records necessary to the following insurance company:

_____

I, hereby consent of my own free will to be sterilized by _____ by the method called vasectomy.

_____ _____

(Signature of Patient) Month/Day/Year

_____ _____

(Signature of Partner) Month/Day/Year

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_____ _____

(Signature of Witness) Month/Day/Year