

VASECTOMY CONSENT

State law guarantees that you have both the right and the obligation to make informed decisions about your health care. It is our intent to provide you with complete and accurate information about vasectomy; it is your responsibility to consider all of the options, the risks, and the benefits, and to make the best choice for you.

1. I, the undersigned, request that Dr. _____ perform a vasectomy on me. It has been explained to me that this operation is intended to result in permanent sterility, which means that I will no longer be capable of fathering a child.
2. I agree to the administration of local anesthetic (medicine to numb the area of the surgery) or other medications before, during or after the procedure.
3. I understand that vasectomy is not immediately effective and that I must use another method of birth control until a semen test proves that my vasectomy was successful.
4. I recognize that, as with any operation, there are risks, both known and unknown, associated with vasectomy, and that no guarantee has been given to me as to the results of this operation. Possible complications include, but are not limited to, the following:
 - Infection
 - Blood clot (hematoma)
 - Inflammation of the epididymis
 - Painful nodule or scar (sperm granuloma, neuroma)
 - Allergy or adverse reaction to an anesthetic or medication
 - Emotional reactions that could interfere with normal sexual function
 - Failure to achieve or to maintain sterility

I understand and accept that these or other conditions may necessitate further treatment, tests, another operation, procedure and/or hospitalization, at my own expense. I request and authorize Dr. _____ and other qualified medical personnel to perform such treatment or procedures as required.

5. I have read and understand the information given to me by Dr. _____ and/or his or her staff, including the alternative forms of birth control for both men and women. I understand and will abide by the instructions for care after vasectomy, and I have received a written copy.

I request this operation voluntarily, of my own free choice. I have carefully read or had read to me the above, and I understand and accept the terms and conditions.

Signed: _____

Date: _____

Spouse: _____
(spouse's signature optional)

Date: _____
