



CONSENT FOR VASECTOMY

I, _____,
hereby authorize Dr. _____,
or an associate designated by him/her to perform or
assist with my vasectomy. I also consent to the administration of a local
anesthetic needed to perform the vasectomy.

I understand that my signature below certifies that I have full
knowledge of this operation. I understand that it is considered a
PERMANENT FORM OF STERILIZATION and I won't be able to father
another child once my sperm counts are declared negative.

I understand that as with any surgical procedure there are risks, both
known and unknown, associated with the vasectomy, and that no
guarantee has been given to me regarding the outcome of this operation.
The possible complications include, but are not limited to, the following list. I
accept these and understand that correction of any complication may
require further treatment, another operation or hospitalization at further
expense:

- Infection
- Bleeding
- Large blood clot (hematoma)
- Allergy to the numbing medication
- Failure to achieve OR maintain sterility

I understand I am not sterile and need to use another form of birth
control until two sperm tests are negative. Dates for these tests are on the
aftercare instruction sheet.

I consent to the disposal of any tissue removed during the operation.

I have received a written copy of care after vasectomy instructions
and understand them as explained to me.

I request this operation voluntarily of my own free choice and have
had enough time to change my mind. I have carefully read everything above
and I understand and accept the terms and conditions.

Signed: _____ Date: _____
Witness: _____ Date: _____