



VASECTOMY CONSENT

I hereby consent and authorize the doctor to perform upon me the operation known as bilateral vasectomy.

I understand that bilateral vasectomy means the removal of a segment of each vas deferens, each of which conducts sperm and that the purpose of this operation is to cause me to be sterile; i.e., unable to produce children or cause pregnancy in a female partner.

I understand that it is my responsibility to produce and present specimens of my semen following the operation so that the absence of sperm in the semen can be determined. I understand that contraception shall not be abandoned until the doctor advises me that the operation has, in fact, resulted in my being sterile. Multiple specimens may be required before sterility is achieved.

I also understand that the operation is intended to be permanent and irreversible, but that notwithstanding that this is the purpose and intent, it may not have this effect, i.e., that the result of sterility is not guaranteed, and that I may not be sterile as a result of the operation.

I hereby release the doctor from any and all claims arising out of or connected with the performance of the operation.

I certify that I have read and understand the explanation above and the details of vasectomy.

Signature of Patient _____

Signature of Witness _____

I am the wife of _____. I understand that my husband has asked the doctor to perform a bilateral vasectomy operation on him. I have read the consent which my husband has signed, and realize that the operation will not take effect for some time after it is performed, but thereafter it will be very unlikely that my husband will be able to cause me to become pregnant. I have no objection to this operation and agree that I will not assert any claim against the doctor on the basis of the operation performed, and that I release him from any and all liability arising out of or relating to the operation.

Signature _____

Date _____