

Vasectomy Information and Consent

___ I request a no-scalpel vasectomy (NSV). This will block the tubes (vas deferens) that carry sperm into my semen. Because my semen will have no sperm, I will no longer be able to get someone pregnant. This will last for the rest of my life.

___ I have watched the consultation video & have read the information found on RMV website.

___ There is a small chance that the vasectomy will not work & recanalization may occur.

___ My semen will be checked after the vasectomy to make sure it worked. It usually takes 2-3 months to work. I should use another form of birth control until I get my semen test results. Otherwise, my partner(s) may get pregnant.

___ Vasectomy is permanent. While a reversal procedure does exist, I know it does not always work.

___ Partners are welcome to accompany patients and watch the procedure.

___ I will have local anesthesia using lidocaine through the Madajet instrument or (needle if extra is necessary). As far as I know, I am not allergic to lidocaine.

___ There is a very small chance that I will have to return to the health center or go to the hospital if I have a problem after the vasectomy.

___ Problems that vasectomies can cause include: infection, bleeding, swelling, allergic reaction, and pain. Birth control failure can also happen.

___ I have read this form and have had time to think about it. I asked and my clinician answered all of my questions.

___ I know how to get help if I have a question or problem after the procedure.

___ If I have a problem during or after the procedure, I allow my clinician to give me any treatment I need or refer care.

___ By consenting to vasectomy and accepting the risks outlined above, I release RMV from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

___ I have been asked to minimize physical activity for at least 48 hours and may return to work and normal sexual activity 2 days after the procedure.

___ There is a \$100 deposit to schedule the procedure and the remaining \$900 balance is due at the time of the service unless our office has confirmed pending payment through insurance.

___ I consent that Rocky Mountain Vasectomy do the procedure "bilateral no scalpel vasectomy."

Patient Signature: _____ **Date:** _____
Witness Signature: _____ **Date:** _____