

## CONSENT FOR OPERATION

I ..... consent to undergo a bilateral vasectomy operation (using local anaesthetic) for the purpose of permanent contraception. I confirm that I have read and understood the 'no scalpel vasectomy' information leaflet and that the points below - regarding the nature and consequences of the operation, have been adequately discussed with me. I confirm that it is my responsibility to make sure that I provide semen samples as required.

- Vasectomy is a permanent procedure.
- There are equally effective non-permanent contraceptives available.
- There is a failure rate of about 1 in 2000.
- There is a risk of bleeding, bruising, infection and chronic pain.
- Alternative contraception MUST continue until notification that semen analysis by the laboratory has confirmed sterility.

Signed..... Date.....

I, Dr D J Acorn confirm that I have fully discussed the nature and consequences of vasectomy including all the above points to the patient's satisfaction.

Signed..... Date.....

Marital status	children ages
PMH	TH
Allergies	