REQUEST AND AUTHORIZATION FOR STERILIZATION

I, _____of _____
NAME ADDRESS

am 18 years of age or older and am of sound mind. I voluntarily request _____MD to perform upon me an operation to effect a surgical interruption of vas deferens, referred to as BILATERAL VASECTOMY. It has been explained to me that this operation is intended to result in permanent sterility, which is the inability to cause pregnancy, although this result has not been guaranteed or promised. I understand that a sterile man is not capable of fathering children. Medical risks have been explained to me including bleeding, infection, pain, and the possibility that the ducts might grow back together again. We have also discussed the possible relationship of cancer of the prostate with vasectomy, and it is my understanding at this time that there is no proven relationship between vasectomy and cancer of the prostate. It has further been explained to me that the only way to be sure a man cannot father children is to look at a specimen under the microscope, and determine that there are no sperm. I understand that I am to have 2 semen examinations to make sure that there are no sperm.

My wife has been involved in the decision for vasectomy and wishes to have me undergo the sterilization procedure. She understands the medical risks and the permanent nature of this procedure.

_____ Please check here if you are not married.

I release the above named physician and his staff from any claim demand, or action for damage arising out of, or resulting from the non-negligent performance of this operation. The doctor has given me full and reasonable explanation of the operation to be performed.

SIGNED:_____ DATE:_____

WITNESS: _____ DATE: _____