



CONSENT FOR VASECTOMY

I, _____,
hereby authorize Dr. Rohde to perform 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. All of my questions have been answered
to my satisfaction. I have carefully read everything above and I understand
and accept the terms and conditions.

Signed: _____ Date: _____

Witness: _____ Date: _____