



SHOALS UROLOGICAL ASSOCIATES, P.C.

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REQUEST FOR STERILIZATION

I have asked and received information pertaining to a sterilization procedure known as an Elective Bilateral Vasectomy. My situation has been discussed at length with the physician. I have been fully informed as to the operative procedure.

The risks, benefits, and discomforts of the vasectomy have been discussed thoroughly, and all questions have been answered to my satisfaction. I realize that a vasectomy is considered a safe and simple procedure, but there is a chance of medical problems or other problems afterwards. Soreness is a common discomfort that usually ceases within several days of the procedure, but may last for varying amounts of time. Serious medical problems are unusual, however some major problems can develop that may require further surgery or hospitalization. Common medical problems that occur after sterilization include swelling around the site of the operation, bleeding under the skin into the surrounding tissues, and/or infection of the skin or underlying tissue including the testicle and related structures. I FURTHER REALIZE THAT THE OPERATION MAY NOT SUCCEED IN CAUSING STERILIZATION. I UNDERSTAND THAT ON-GOING MEDICAL INVESTIGATION AND STUDIES MAY REVEAL THAT VASECTOMIZED PATIENTS MAY HAVE HIGHER INCIDENCES OF IMMUNOLOGICAL AND OTHER MEDICAL PROBLEMS.

SINCE NO FORM OF BIRTH CONTROL OR STERILIZATION IS 100%, AN UNWANTED PREGNANCY MAY OCCUR. A VASECTOMY IS NOT GUARANTEED. Since it is not 100% effective, an unwanted pregnancy could occur following a vasectomy, which could result in an unwanted child, added financial, physiological and other burdens on the family. An unwanted pregnancy could especially occur in the period immediately following the vasectomy when it is necessary for the sperm count to be depleted. I realize that this might take 10 to 12 ejaculations for this to occur. I realize that for depleted sperm count to be substantiated, I must bring the specimens described to me by the physician and follow his instructions to the letter. I must have zero sperm count twice, consecutively. These specimens may be further verified by another lab if they so desire. During this interval, I am fully aware of the need for TEMPORARY BIRTH CONTROL MEASURES SUCH AS BIRTH CONTROL PILLS, CONDOMS, FOAM, IUD, ETC.

PATIENT'S NAME _____ PATIENT'S SIGNATURE _____

SPOUSE'S NAME _____ SPOUSE'S SIGNATURE _____

PHYSICIAN'S NAME _____ DATE _____

WITNESS _____ DATE _____