

**CONSENT TO UNDERGO VASECTOMY OPERATION, ANESTHESIA
AND PERFORM OTHER MEDICAL SERVICES**

I, the undersigned, do hereby authorize and consent to the operation of vasectomy for the purpose of sterilization, to be performed by Dr. Frank Mastandrea M.D.

I further consent to the administration of such anesthetic agents by injection, which the physician may deem necessary or advisable with the exception of:

(If no exception, state "none")

The nature and purpose of the vasectomy procedure has been explained to me together with a discussion of the risks that may be incurred, and the possible complications of this procedure. I understand I could develop infection and/or bleeding which could require hospitalization for antibiotics or re-operation to stop bleeding.

I acknowledge that no assurance of guarantee has been offered to me as to the results that may be obtained from such procedure.

I agree that I will present specimens of my semen following the operation so that the absence of sperm in the semen can be determined. I understand that contraception should not be abandoned until I am advised by Dr. Mastandrea that the operation has in fact resulted in my being sterile. I further understand that one patient in 1,000 may have the ends of the vas deferens has not grown back together and to prove on a yearly basis I am still sterile.

I also understand that the operation is intended to be irreversible but that notwithstanding that this is the purpose and intent, it may not have this effect, i.e., that the result of sterility is not guaranteed and that I may not be sterile as result of the operation.

I, hereby, acknowledge that I have read all of the above and that I fully understand the meaning of the statement made, and that I have executed this instrument of my own free will, doing and consent, this _____ day of _____ 20____.

Witness

Signature

Date

Print Patient's Name