

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

I am the spouse of _____ . I understand
That my spouse has asked Dr. Mastandrea to perform a bilateral vasectomy on him. I
have no objection to this operation and agree that I will not assert any claim against Dr.
Mastandrea or any person associated with Dr. Mastandrea on the basis of the
operations performed and, from any and all liability arising out of or relating to the
operation.

Spouse Signature

Print Name

Date