



James Cord, MD
Michael A. Chasin, MD
Katrina Steinberger, NMD
10238 E. Hampton Ave. Ste. 402
Mesa, AZ 85209
Ph # 480-380-7897
Fax # 480-380-9509

VASECTOMY INFORMED CONSENT

I, _____ authorize James Cord, MD to perform a bilateral vasectomy.

I understand the reason for this procedure is that I desire to be permanently sterile. If this operation proves successful, the result will be permanent and it will be physically impossible for me to conceive children.

Risks: This authorization is given with the understanding that any operations or procedure involves some inherent risks, complications, and hazards. These risks include, but are not limited to: infection, bleeding (which may require emergency surgical intervention) swelling, development of anti-sperm antibodies, spermatocele, testicular pain (acute or chronic, mild or severe) loss of both testicles, or allergic reaction to any medication used.

Anesthesia: The administration of sedatives, local anesthesia and narcotics also involves risk, most importantly are rare risks of a reactions to medications causing seizures, coma or death. I consent to the use of such sedatives and anesthetics as may be considered the person responsible for service except: _____ (if none, please write "none").

Results Not Guaranteed: I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not make me sterile. I understand that even if the procedure is successful and makes me sterile, there is always the possibility that nature and my body's healing process may reconnect the tubes and allow sperm to pass through again, making me fertile (able to father children). This is uncommon and impossible to predict.

Semen Analysis: I understand sterility is not immediate. I will continue to use appropriate birth control until Accurate Urology informs me that this is no longer necessary. I will be considered sterile only after two semen specimens are examined at a lab and are found to contain no sperm. If I chose, another specimen can be examined in one year.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT FORM. I UNDERSTAND THAT I SHOULD NOT SIGN THIS FORM IF I HAVE ANY UNANSWERED QUESTIONS OR IF ALL ITEMS, TERMS OR WORDS CONTAINED IN THIS FORM ARE NOT FULLY UNDERSTOOD BY ME.

**** DO NOT SIGN UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTAND THIS FORM ****

Patient

Date

Witness